DOCUMENT RESUME

ED 251 167 PS 014 493

TITLE	Children, Youth, and Families in the Northeast. Hearing before the Select Committee on Children, Youth, and Families. House of Representatives, Ninety-Eighth Congress, First Session (New York, New York, July 25, 1983).
INSTITUTION	Congress of the U.S., Washington, DC. House Select Committee on Children, Youth, and Families.
PUB DATE	84
NOTE	322p.; Contains many pages of small print that may be marginally legible. For related documents, see ED 248 966, ED 248 982, ED 250 107, and PS 014 727.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock No. 052-070-05919-2, $7.00).
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC13 Plus Postage.
DESCRIPTORS	Academic Failure; *Adolescents; Adults; Blacks; Budgeting; Child Abuse; *Children; Delinquency; Drug Abuse; *Family Problems; Family Violence; *Federal Legislation; Foster Care; Hearings; Hispanic Americans; Immigrants; Infant Mortality; Low Income Groups; Low Rent Housing; Medical Services; Nuclear Warfare; Nutrition; Retrenchment; *Social Problems; Unemployment; Unwed Mothers; Welfare Services
IDENTIFIERS	*Congress 98th; Connecticut; Maine; Massachusetts; New Jersey; New York; New York (New York); *United States (Northeast)

ABSTRACT

The first in a series of five regional fact-gathering committee hearings, this hearing report includes testimony from private and public social agencies in New York, New Jersey, Maine, Massachussetts, and Connecticut. Information and statistics are presented on a wide variety of social problems, including (1) family violence; (2) family planning and teenage pregnancy; (3) infant mortality and health care for children and pregnant women; (4) juvenile delinquency; (5) low income housing; (6) private and public food assistance; (7) drug and alcohol abuse prevention; (8) children's fears about nuclear warfare; and (9) the problems of minority and immigrant groups. Several causes for the increased demand for social services are documented; these include the growth of households headed by females and the growth of minority and immigrant populations with few skills at a time when the country is being de-industralized and few low skill jobs are being created. Testimony is also presented about programs successful in preventing child abuse and neglect, teenage pregnancy, juvenile delinquency, and failure in low income urban schools. Among the prepared statements presented is the charge that New York City is conducting a "churning campaign" to artificially reduce the welfare role and cut funds for eligible recipients, several reports describing state and local social services and the effects of funding cutbacks, and information on malnutrition. (CB)

PS

CHILDREN, YOUTH, AND FAMILIES IN THE NORTHEAST

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED251167

HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

HEARING HELD IN NEW YORK, N.Y., ON
JULY 25, 1983

Printed for the use of the
Select Committee on Children, Youth, and Families

PS014493

U.S. GOVERNMENT PRINTING OFFICE
29-497 O WASHINGTON : 1984

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

GEORGE MILLER, California, *Chairman*

WILLIAM LEHMAN, Florida	DAN MARRIOTT, Utah
PATRICIA SCHROEDER, Colorado	HAMILTON FISH, Jr., New York
LINDY BOGGS, Louisiana	DAN COATS, Indiana
MATTHEW F. McHUGH, New York	THOMAS J. BLILEY, Jr., Virginia
JERRY M. PATTERSON, California	FRANK R. WOLF, Virginia
BARBARA A. MIKULSKI, Maryland	DAN BURTON, Indiana
TED WEISS, New York	NANCY L. JOHNSON, Connecticut
BERYL ANTHONY, Jr., Arkansas	JOHN R. McKERNAN, Jr., Maine
MICKEY LELAND, Texas	BARBARA F. VUCANOVICH, Nevada
BARABRA BOXER, California	
SANDER M. LEVIN, Michigan	
BRUCE A. MORRISON, Connecticut	
J. ROY ROWLAND, Georgia	
GERRY SIKORSKI, Minnesota	
ALAN WHEAT, Missouri	

COMMITTEE STAFF

ALAN J. STONE, *Staff Director and Counsel*
ANN ROSEWATER, *Deputy Staff Director*
CHRISTINE ELLIOTT-GROVES, *Minority Staff Director*

CONTENTS

Page

Hearing held in New York, N.Y., July 25, 1983 1

Statement of:

- Adnopoz, Jean, executive director of the Coordinating Committee for Children in crisis; research associate, Yale Child Study Center 72
- Best, Victoria, executive director, Dutchess County Youth Board 58
- Block, Eve, executive director, Statewide Youth Advocacy, Inc., New York 13
- Carlisle, A. L., chair, Maine Juvenile Justice Advisory Board 65
- Cocozza, Joseph J., executive director, New York State Council on Children and Families 3
- Davies, Donna, coordinator, Regional Child Advocacy Team, Conn 110
- Goldman, Kathy, director, Community Food Resource Center, New York City 48
- Horton, Stella, director, alternative school, New Jersey Juvenile Resource Center 54
- Kelley, Barbara, area 1 public policy liaison, the Association of Junior Leagues, Inc 61
- LaBate, Dean, director, Adolescent Clinic, William F. Ryan Community Health Center, New York City 115
- Lubin, Leah, Children's Campaign for Nuclear Disarmament 98
- McMurray, Georgia, deputy general director, Community Service Society, New York City 19
- Negroni, Peter, community school superintendent, district 12, New York City 105
- Nicholas, Geraldine, director, Nat Azarow Day Care Center, Brooklyn 101
- O'Hare, Donna, M.D., project director, maternal and infant care—family planning projects, Medical Health Research Association of New York City, Inc 6
- Segatori, Josephine, Parent Aide program specialist 114
- Wohl, Bernard J., director, Goddard-Riverside Center, New York City 2

Prepared statements, letters, supplemental materials, etc.:

- Adnopoz, Jean, executive director, Coordinating Committee for Children in Crisis; research associate, Yale Child Study Center:
  - "Living Just To Survive," from New Haven Register, dated July 24, 1983, article entitled 78
  - Prepared statement of 74
  - "The City's Poor; a Grim Picture" from New Haven Register, dated July 24, 1983, article entitled 75
- Association for Children of New Jersey, Newark, N.J., prepared statement of 289
- Best, Victoria H., Dutchess County Youth Bureau, Poughkeepsie, N.Y., prepared statement of 60
- Block, Eve E., executive director, Statewide Youth Advocacy, Inc., prepared statement of 16
- Carlisle, A. L., chairman of Congressman John R. McKernan, Jr.'s Task Force on Children, Youth, and Families, New York City, prepared statement of 68
- "Child Health Services in New York City," article from Trends and Forecasts, dated June 1983, special issue 151
- Citizens' Committee for Children of New York Inc., New York, N.Y.: Report of August 1982, entitled "Children: Victims of the New National Policy" 211

Page

Prepared statements, letters, supplemental materials, etc.—Continued

Cocozza, Joseph J., Ph. D., executive director, Council on Children and Families, State of New York, Albany, N.Y.: Letter to Chairman Miller, dated September 1, 1983 204
    Prepared statement of 3
Cunningham, David W., executive director, Connecticut Justice for Children Collaboration, Hartford, Conn., prepared statement of 190
Davies, Donna R., coordinator of the regional child advocacy team—Child and Family Services, Inc., Manchester, Conn., prepared statement of 112
Downtown Welfare Advocate Center, New York, N.Y., "The Mal-Administration of Public Assistance in New York", article entitled 134
Fontana, Dr. Vincent J., chairman, Mayor's Task Force on Child Abuse and Neglect, New York, N.Y., prepared statement of 251
Goldman, Kathy, director, Community Food Resource Center, Inc., New York N.Y., prepared statement of, with attachment 50
Horton, Stella J., Juvenile Resource Center, Camden, N.J., prepared statement of 56
Jewish Board of Family and Children's Service the, New York, N.Y.: study dated March 1983, entitled "Falling Through The Safety Net" 292
Kelley, Barbara, area I public policy liaison, the Association of Junior Leagues, Inc., New York, N.Y., prepared statement of 63
Kolben, Nancy, director, Employers and Child Care Project Pre-School Association Day Care Forum, written testimony 245
LaBate, Dean, director of the William F. Ryan Community Health Center's Adolescent Health Care Program, prepared statement of 119
Lamphere, Jo-Ann, State of New York, Department of Health, Albany, N.Y., letter of August 2, 1983, Ms. Judy Weiss enclosing a booklet 258
Larson, R. Alexandra, director, Governor's Committee on Children's Services Planning, State of New Jersey, Trenton, N.J., letter to Ann Rosewater, enclosing a report 167
Lubin, Leah, Children's Campaign for Nuclear Disarmament, Central Office, New Haven, Conn.:
    Letter of October 12, 1983, to Hon. George Miller, with enclosure 206
    Prepared statement of 100
Massachusetts Department of Public Health, 1983 Massachusetts Nutrition Survey, final report 309
McMurray, Georgia L., Community Service Society, New York, N.Y., letter dated Aug. 2, 1983, to Hon. George Miller 291
McMurray, Georgia L., deputy general director, Community Service Society, prepared statement of 24
Negroni, Dr. Peter J., community superintendent, district 12, Bronx, N.Y:
    Letter from Chairman George Miller, dated September 7, 1983, requesting answer to question asked by Congressman Dan Marriott 316
    Prepared statement of 108
    Response to question asked by Congressman Dan Marriott 317
Nicholas, Geraldine, director, Nat Azarow Day Care Center, Brooklyn, N.Y., prepared statement of 103
O'Hare, Donna, M.D., F.A.A.P.:
    Letter from Chairman Miller, dated September 7, 1983 208
    Letter from Chairman Miller dated September 14, 1983 209
    Prepared statement of 11
Public Education Association, New York, N.Y., testimony on behalf of 199
Segatori, Josephine, parent aide program specialist, Parent Child Resource Center, Inc., Shelton, Conn., prepared statement of 115
United Neighborhood Houses of New York, Inc., New York, N.Y., statement of 193

CHILDREN, YOUTH, AND FAMILIES IN THE NORTHEAST

MONDAY, JULY 25, 1983

House of Representatives,
Select Committee on Children,
Youth, and Families,
New York, N.Y.

The select committee met, pursuant to call, at 9:20 a.m., at Goddard-Riverside Center, 593 Columbus Avenue, New York, N.Y., the Hon. George Miller (chairman of the select committee) presiding.

Members present: Representatives Miller, Boggs, McHugh, Mikulski, Weiss, Morrison, Rowland, and Fish.

Staff present: Alan J. Stone, staff director and counsel; Ann Rosewater, deputy staff director; Judy Weiss, research assistant; George Elser, minority counsel; Don Kline, senior professional staff.

Chairman **Miller**. The Select Committee on Children, Youth, and Families will come to order.

I am delighted to call this hearing to order. This is the first in a series of regional hearings that this committee will hold in various locations around the country.

It will be the purpose of these hearings to try to make an assessment of the status of our children, youth, and families.

Our early hearings in Washington have convinced me, and I think other members of this committee, more than ever of the importance of bringing to national attention the pressures on today's families.

The response to today's hearing has been very strong. We are graciously hosted today by one of our senior members, Hon. Ted Weiss. Because more witnesses have requested to testify than time permits, we will hold the record open for 1 month for those individuals that have contacted the committee to submit their testimony.

It is rather appropriate that we begin the regional hearings in this center, a center that is dedicated to the comprehensive and intergenerational community services.

At this time I would like to introduce Congressman Weiss.

Mr. **Weiss**. Thank you very much, Mr. Chairman.

Let me welcome you and our other colleagues to these hearings and to indicate how pleased we are that the first of these regional hearings are being held in New York City.

You have already noted that we have both the worst of the problems and the best approach to eliminating some of the problems in New York.

The witnesses you will hear from today will, in fact, give the full scope of our concerns and our involvement. We have in the audience people who have worked in the various fields that we have jurisdiction over for many years.

I want to mention one of my legislative colleagues, Ruth Messinger, who is on the city council and holds the seat I used to occupy before I was promoted to Washington.

Let me express my appreciation to the Goddard-Riverside Community Center and its staff and its sponsors for making this marvelous new facility available to us. I understand we are inaugurating this building.

Mr. **Weiss**. I would like to call on Bernie Wohl, the executive director, to tell us about the range of programs that they have. Mr. Wohl is a typical New Yorker. He doesn't come from New York.

STATEMENT OF BERNARD J. WOHL, DIRECTOR, GODDARD-RIVERSIDE CENTER, NEW YORK CITY

Mr. **Wohl**. Thank you, Ted. We would like to welcome all the members of the committee for coming to New York at the hottest time of the year. As you can see this building has just been completed and yours is the first meeting held in the auditorium.

It is appropriate that you are here because if you know anything about settlement houses, you know that we work with people from birth to death, from preschool programs to delinquency prevention programs, senior citizen programs, employment programs, the arts and many others.

So that the opportunity to be the host to the House Select Committee on Children, Youth, and Families is especially appropriate for our center.

Settlement houses, I think, like the select committee are distinguished by a comprehensive approach to the problems facing children, youth, and families. Going back to the end of the last century, settlement houses have been havens for youth, people, and their families, offering a full array of children and family services.

Settlement workers have also brought their programs out into the community building on the natural strengths of neighborhoods. Second, settlement houses are world-famous examples of how private, voluntary efforts combined with Government programs can serve children and families.

One of the main goals of the select committee is to study how governmental and private programs working together can help and encourage all American children and youth to reach their full potential.

The New York City system represented by United Neighborhood Houses and its 35 member agencies looks forward to your close collaboration with the select committee in pursuit of our shared goals on behalf of children, youth, and families.

We hope we get a great deal out of today's hearings and the ones that are going to ensue, and welcome you back anytime to meet with some of the people from our community who are faced with the kind of problems that you are concerned with.

Again, welcome.

Chairman **Miller**. Thank you very much, Mr. Wohl.

We are happy to hold what I'm certain will be the first of many meetings in this room over the next few years.

I, too, would like to thank my colleagues on the committee, Congresswoman Mikulski, and Congressman Rowland for their attendance.

We have been blessed with remarkable attendance at all our Washington hearings as we are at this one. We will try our best to meet the 5-minute rule for the purposes of questioning the witnesses, so that everyone will get a turn.

We will allow a second round of questions if necessary. In addition, we are going to try to impose the 10-minute rule on our witnesses for the purposes of presenting testimony. Written statements will be placed in the record in their entirety. To the extent each of you can summarize will be very helpful.

As you can see, we have a rather long witness list. First, the committee will hear from a panel made up of Joseph Cocozza, the executive director of New York State Council on Children and Families; Donna O'Hare, project director, Maternal and Infant Care—Family Planning Projects, Medical Health Research Association of New York City, Inc.; Eve Block, executive director, Statewide Youth Advocacy, Inc.; and Georgia McMurray, deputy general director, Community Service Society, New York City.

Welcome to the committee. Please identify yourself for the reporter, and proceed in the manner in which you are most comfortable.

STATEMENT OF JOSEPH J. COCOZZA, EXECUTIVE DIRECTOR, NEW YORK STATE COUNCIL ON CHILDEN AND FAMILIES

Mr. COCOZZA. I am Joe Cocozza.

Mr. MILLER. We are joined by Congressman Morrison from Connecticut.

Dr. O'HARE. Donna O'Hare.

Ms. MCMURRAY. I am Georgia McMurray.

Ms. BLOCK. I am Eve Block.

Mr. COCOZZA. Mr. Chairman, and members of the Select Committee on Children, Youth, and Families, good morning. My name, again, is Joe Cocozza, and I am the executive director of the New York State Council on Children and Families.

I would like to thank the members of the select committee for the opportunity to present testimony today. The topic of this hearing, the status and needs of children and families, is basic to the mission of the council.

Mr. MILLER. Thank you.

[Prepared statement of Joseph Cocozza follows:]

PREPARED STATEMENT OF JOSEPH J. COCOZZA, PH.D., EXECUTIVE DIRECTOR, NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES

Mr. Chairman and Members of the Select Committee on Children, Youth, and Families. Good morning. My name is Joseph Cocozza and I am the Executive Director of the New York State Council on Children and Families. I want to thank the members of the Select Committee on Children, Youth, and Families for the opportunity to present testimony today.

The topic of this hearing—the status and needs of children and families—is basic to the mission of the Council on Children and Families. New York State's commitment to the family is, by now, well-known, particularly as expressed by Governor

Mario Cuomo. In his State of the State Message, Governor Cuomo said, "The real challenge before us is to balance our books the way a family would without abandoning our weak, without sacrificing the future of our young and without destroying the environment that supports us."

I hope that this opportunity to share our assessment of those critical policy issues which affect children and families will be the beginning of frequent communication between New York State and the Select Committee and will help to foster the commitment to children and families reflected in Governor Cuomo's words.

Before proceeding with my comments, I would like to take a minute to tell you about the Council on Children and Families. I believe that an understanding of its function and structure is germane to your investigation of ways to better serve the needs of children and families.

The Council is an executive agency, comprised of the commissioners and directors of eleven major state agencies that together constitute New York's human services sub-cabinet. The Council was established in 1977, in response to frustration in the child care community over the fact that there was no single point of contact to address multiple agency issues or any single body responsible for bringing a comprehensive and integrated perspective to children's issues. Consequently, all agencies with child caring responsibilities including health, mental hygiene, social services, and education were acting independently, often resulting in duplication and sometimes contradictory outcomes. As such, the Council was established with a statutory mandate to "develop more efficient organization and operation of the state/local, public/voluntary system of social, educational, mental health, and other supportive and rehabilitative services to children and families". (New York State Executive Law, Section 440). For the most part, the Council undertakes activities aimed at reducing fragmentation and improving coordination within an extremely complex service delivery system.

Unlike most state agencies, the Council is not directly responsible for ongoing program operations or service delivery. With few exceptions, Council involvement focuses on issues which could benefit from coordinated policy planning and analysis.

Just as is true for the Select Committee, the Council emphasizes a comprehensive approach to serving children and families—an approach which supports joint problem solving involving the participation and cooperation of both the public and private sectors.

My testimony today is focused on a selection of issues which are relevant to both state and national policymaking. The topics I am including are also concerns of my colleagues within the health, mental hygiene, social services, juvenile justice and education systems. Therefore, I urge you to contact these commissioners and their agencies as I believe they would prove a useful resource to your deliberations.

Those of you who have talked with New York State officials in the past will not be unfamiliar with my first point. But, nonetheless, I feel it warrants repeating. The massive reductions in federal funding for social programs are having serious negative consequences for families, particularly for the poor and the near poor. Our files are overflowing with reports and articles documenting the adverse effects of cutbacks. Children and families, for whom these supports once offered a chance of breaking away from poverty and poor health, are finding their access to needed programs blocked by changes in eligibility and/or the elimination of some services all together.

Without discounting the importance of bringing the entire federal budget under better control, we must ask you to increase allocations to support essential human service programs such as AFDC, food stamps, Medicaid, school lunch and breakfast programs, and day care. Specifically, we urge an increased authorization for Title XX in the coming Fiscal Year. We fail to see the fiscal logic of dismantling basic health and welfare programs in order to meet immediate budget objectives. This only invites an increase in the populaton of children and families who develop chronic problems and who, as a result, will require even more costly government intervention and support over time.

My second major point has to do with meeting the challenges presented by the dramatic changes that have occurred in family composition and lifestyle over the past decade. For example, over half the children under 18 living in New York State have a mother in a labor force. Fifty-four percent of all married couple families with children are two-wage earner families. One out of every five children in New York State lives in a single parent family. This figure is even more dramatic for New York City were one out of every three children were living with a single parent in 1980. In fact, between 1970 and 1980 there was a forty-eight percent increase in female-headed families with children in New York City.

Policymakers must be aware of the consequences of these new social and economic trends which distinguish today's families. Any new policies to support families must recognize that the so-called "typical family" of past decades has changed—and so has its needs.

An important role for the Council over the past few years has been to monitor the impact of these changes in the family. The goal is to ensure that, where necessary, public policies are adjusted. This process has been particularly important in reviewing New York State's day care policies. There is a growing disparity between the supply and demand for child care alternatives for working parents. The need for these services, once associated primarily with the welfare population, now cuts across all income levels.

In addition, there is a growing need for day care services for school-age children. With increasing numbers of dual-employed families and single parent families, school-aged children are left to care for themselves before and after school hours. In response to the special problem of the so-called latch-key child, the Council is exploring the few services that exist for this age group in hopes of encouraging new ways for communities to combine public and private resources to create high quality, affordable after-school programs. I understand that Senate Bill 1531 encouraging the use of public school buildings before and after school for the care of school-aged children has been introduced in Congress. Although, as the sponsors point out, the minimal funding level of $15 million for this legislation will only begin to address the national need for quality school-age child care programs, New York State welcomes this effort and looks forward to enactment of legislation of this type.

Changes in families also suggest the need for employers to adjust their personnel policies in response to the growing segment of the work force who must balance jobs with significant family responsibilities. The Council recently released a major study of part-time employment opportunities in New York State government which highlights this need. This study found a significant portion of the state's full-time work force would actually prefer to work less than full-time hours primarily to enable a better balance between job and home. Meaningful part-time opportunities are limited as are other forms of alternative work schedules. We feel family supportive workplace policies including flexible schedules, flexible benefits and employer-assisted child care should be encouraged at both federal and state levels, and by public and private employers.

Thirdly, I want to talk briefly about prevention and early intervention services to children. The State, as well as the Council, has a deep commitment to the philosophy that providing prevention and early intervention services can obviate the need for more intensive and costly programs and services. The use of preventive services has been seen as an effective strategy in reducing or eliminating a wide range of problems including family disintegration, mental and physical disability, juvenile crime and delinquency, truancy, drug and alcohol abuse and teenage pregnancy. While all these areas need our attention, I want to focus on three critical prevention issues: Foster care/adoption, youth services and child abuse.

In 1979, New York State enacted major legislation known as the Child Welfare Reform Act (CWRA). CWRA represented sweeping changes in policies relating to the foster care population. The legislation capped spending for foster care placements while enriching funds available for the development of new community-based, preventive available services to families and children who are at risk of placement.

This approach of favoring reduction in foster care was closely paralleled by the federal government in 1980 when the Federal Adoption Assistance and Child Welfare Act was enacted to accomplish many of the same goals. I urge you to go back and let your colleagues know that reauthorization for Public Law 96-272 must be approved. We cannot afford to have this vital legislation lapse.

The Child Welfare Reform Act is an embodiment of this state's commitment to preventive programming. As a result of directions set through CWRA, the Council has been heavily involved in efforts to increase the capacity of the state and localities to deliver appropriate preventive services in a comprehensive and effective manner.

One such example is the Council's "Alternatives for Youth at Risk." The goal of this effort was to examine barriers and incentives within state and local policies to coordinate the funding, planning, administration and evaluation of services to juvenile delinquents and status offenders. Additionally, the project assisted counties in structuring comprehensive approaches for local services to reduce the need to place status offenders out of their homes. The Project was funded, in part, through the Office of Juvenile Justice and Delinquency Prevention. The proposed 1984 Fiscal Year budget calls for a complete defunding of OJJDP. We urge that allocations be made available at least at the $70 million level contained in the Budget Resolution. However, we feel it is vital to include more specific language in JJDPA that will provide stronger legislative protections to ensure a balance between services for the already seriously troubled youth and needed preventive services, such as the county demonstration project I just described.

Additionally, Title III of the JJDPA, which is the Federal Runaway and Homeless Youth Act, is also under the budgetary axe. At the very least, the authorization should be maintained at the 1983 level. New York is I believe the only state in the nation with its own Runaway and Homeless Youth Act. Its basis for support comes from the partnership that has been made available to us through Title III.

We are not prepared to relinquish our commitment to these youths, and we urge that Congress assure that money is made available to protect state-funded services for homeless and runaway youth.

Finally, in the area of prevention, New York State continues to maintain as a top priority the prevention of child abuse and neglect. A recently reconvened Citizen's Task Force on Child Abuse and Neglect, co-chaired by Mrs. Matilda Cuomo and Mr. Ceasar Perales, Commissioner of the Department of Social Services, is focusing heavily on parent education and training for prospective parents as a strategy to substantially reduce the incidence of abuse and neglect. It is alarming to note that local social service districts have begun to identify a relationship between increased stress on families due to the pressures of unemployment and diminishing support services, and an increase in the incidence of child abuse and neglect cases. We must keep in mind this relationship between child abuse and family stress as budget decisions are made.

As I said in my opening remarks, New York State has a commitment to government with compassion and favors decisonmaking that supports the needs of the family. One particular concern in the area of available supports to familes is the inadequate assistance available for families attempting to provide care for a disabled member at home. Partly as a result of the trend in recent years towards deinstitutionalization, many families are finding themselves ill-prepared to deal with the stress involved in caring for a disabled child or frail elderly member at home. In response to this issue, the Council has initiated a series of studies aimed at determining which supports are most effective in enabling families to provide care in the home rather than placing the individual in an institution. For example, with a grant from the U.S. Department of Health and Human Services, we are currently assisting with a demonstration project testing the concept of low cost, informal "home-based respite care" for families with disabled members. We endorse further efforts to develop a stronger system of formal and informal supports to families with disabled members.

Additionally, we are involved in a number of efforts designed to identify and track significant populations for which little or no planning has occurred and where inadequate service levels exist. Much of the focus is on emerging populations such as:

The young, chronic mentally ill person, often a product of the counter-culture of the 60's and 70's;

The "aging out" youngster who has no adult program alternatives upon leaving the child care system; and,

The infant under five for whom early intervention services might avert the need for more costly intervention at a later age.

I appreciate this opportunity to alert you to the major issues which, from New York's perspective, are the critical issues for your committee's deliberations. If the Council on Children and Families may be helpful to you in reaching your goal of developing a more coordinated and comprehensive response to the needs of our nation's children, youth and families, please do not hesitate to call on us. Thank you.

Chairman MILLER. Dr. O'Hare?

STATEMENT OF DONNA O'HARE, M.D., PROJECT DIRECTOR, MATERNAL AND INFANT CARE—FAMILY PLANNING PROJECTS, MEDICAL HEALTH RESEARCH ASSOCIATION OF NEW YORK CITY, INC.

Dr. O'HARE. I would like to thank the Select Committee on Children, Youth, and Families for the opportunity afforded me today to come before you with at least a summary of some remarks I would like to make within the 5 minutes allocated according to the letter.

Chairman **Miller**. You can have 10 minutes. As chairman, I can afford to be generous.

First, let me welcome Congressman McHugh from New York, who has joined us, and Congressman Fish, who will be here in a moment.

Dr. **O'Hare**. As determined by the 1980 census, New York State's population exceeds 17.5 million, of which 3.8 million are children under 15 years of age, and 5 million are females between the ages of 15 and 44.

Therefore, the total population in need of priority health services in this State approaches 8.8 million people, or almost 50 percent of the population.

The unique demography, I think, is of great import as you go over your constraints and programs that you feel are needed. The demography has been described in a publication called Trends, January 1983.

I think this helps to set the stage and see how important it is to note that 76 percent of the minority population under 21 years of age live in New York City, and more children are living in poverty in 1980 than in 1970. A total of 876,900 in 1980 with two-thirds in New York City living in poverty.

However, the total number of children under 21 decreased from 1970 to 1980, but the number of children living in poverty increased by over 100,000, thereby, increasing in need of services a very special group.

The maternal and child health priority areas include low-birthweight prevention to decrease mental retardation and handicapping conditions by increasing access and availability of prenatal and family planning care and appropriate health maintenance for all children with continuity of care for proper growth and development.

The national infant mortality rate, provisional, for 1982 is 11.2 per 1,000 live births which is lower than for New York State, 12.1, and New York City, which was 15.3 for that year.

Five districts in New York City had infant mortality rates of 20 or higher in 1982. The unique diversity of New York City is reflected in the wide range of infant mortality rates which varied from 27.7 to 5.8 per 1,000 live births.

The important factor that does not receive adequate attention is the magnitude of infants affected; 15.3 per 1,000 live births in New York City represents an alarming figure of 1,706 infant deaths.

Although this is an improvement from an average of 19.9 infant deaths per 1,000 live births in the early 1970's, we still have an enormous gap to catch up with the rest of the Nation.

In 1981 only 46.2 percent of women in New York City received care early in the first trimester, versus 82.2 upstate. There were 41.6 percent live births to women under 18 in New York City, versus 10.7 percent to women in upstate New York.

The neonatal and infant mortality rates were higher in the city, versus upstate. This data indicates a need statewide with greatest emphasis in the city.

In 1981, early or first trimester prenatal care for all whites in New York State was 73.9 percent, but for nonwhites was 44 percent. Prenatal care in the first trimester among whites under 20 years of age was 45.5 percent and for nonwhites it was 28.9 percent, indicating that efforts to make care accessible must be concentrated on minority areas.

Although there is an MIC-FP program, which is one of the projects of title V in New York City, serving almost 10 percent of pregnant women, it has had a waiting list without any outreach efforts.

Funding for this program has not kept pace with inflation. It is located in areas like Bushwick, Brownsville. This would be like Park Avenue in comparison to those areas.

A hot dog man was shot from the steps of that building where we provide prenatal services to women. Nurse midwives and physicians have both been accosted by people in that area.

So we are talking about providing personal health services in areas of extremely high risk to needy people that cannot receive them elsewhere.

In 1980, at MIC it was estimated that almost $2 million was saved in hospital costs alone by providing prenatal care and decreasing low birth weight. The long-term cost savings would be far in excess of this.

In 1981, about 23,000 women were reported to receive late or no prenatal care—75 percent or approximately 18,000 of these women were from New York City. If services were to be made available to these women, approximately $25 million would be necessary, but many more dollars would have been saved in the long term in institutional maintenance of these children.

Only 20 percent of women in New York City are breastfeeding when they leave the hospital. The percent of MIC-FP patients who are breastfeeding at the time of their postpartum visit is 27 percent, much higher for a much higher risk population in the maternity/infant care program.

Additional problems caused by current fiscal constraints has been the refusal of doctors to accept medicaid patients due to the inadequate fees over the past 10 years—$13 or $14 for a first visit—and hospitals refusing to accept transfers of patients without coverage for labor and delivery or for infants needing tertiary care.

An income of $7,000 is not even the medicaid level for a family of four. How would you feel if you were making $7,000 a year and had two children to clothe, and a husband to feed, house, and clothe, and you were to set aside between $1,200 to $2,000 just for prenatal care and postpartum care?

This certainly would provide you with some anxiety and also some decisionmaking that would be extremely difficult.

The genetic program in New York State and the prenatal diagnosis laboratory have provided important counseling and laboratory services. These programs are currently in jeopardy.

The annual cost of about $2 million for operating these programs has saved over $160 million, estimated, for hospitalization and institutional care. An average cost for maintaining a child through adulthood with a genetic defect can be from $100,000 to $1.6 million. This has been documented in literature.

The most self-evident measure of need for family planning services is given by the number and relative incidence of terminations of pregnancies to live births in New York State; that is, one termination to two live births. However, in New York City it is one to one.

It has been estimated in a study, which we can make available to you, by the New York State Office of Family Planning that a program to meet the unmet needs of sexually active adolescents would be approximately $20 million. The cost to provide family planning services to all women in need with no access to these services is difficult to estimate, but the need must be obvious to all of you.

The women infant children feeding program, WIC, is currently serving 225,000 participants in New York State. There are approximately 400,000 participants who are eligible for services but are not currently participating.

The jobs bill money, which ends September 30, 1983, allows New York State to serve an additional 43,000 participants. However, as of October 1, 1983, what happens to those participants that have been enrolled, what happens to the "yoyoing" that goes on as the case load goes up and down?

What do you tell to people seeking these services and how do you administer a program that has no stability and no fiscal eligibility that remains the same?

Every $1 spent in WIC saves $3 in neonatal care costs because of the associated benefits of nutrition plus health care. Women served by WIC receive earlier prenatal care and keep their revisit appointments as well as improving nutrition.

However, is money adequately being funded in order to pay for that prenatal and maternity care that we talk about associated with WIC? Those programs have been cut.

The number of children under care is difficult to assess. In New York State there are 973,969 children ages 0 to 20 who are eligible for CHAP services. There are 358,759 children under 6 years of age.

The number receiving CHAP services is approximately 4,610 per month, or 60,000 children per year, less than 10 percent annually of those eligible.

The child health stations in New York City under great constraints continue to serve a considerable proportion of the low income, minority and new immigrant young child population; one-fifth of the entire city's newborn and one-sixth of the city's preschoolers by 1982 figures. About 100,000 children are served by these programs.

The major problem that continues to plague this vulnerable population is lack of continuity of medical services—preventive and acute care, as well as primary and more specialized care—and problems of nutrition and quality child care.

The Children and Youth Projects—MCH programs—have demonstrated their ability to be cost effective and reduce hospitalization and drug costs. These programs are barely surviving with their current cuts.

These comprehensive programs serve over 50,000 children in New York City and include growth and development, nutritional assessment, dental care, immunization, lead screening, educational counseling for parenting and accident and poison prevention programs.

Children in youth programs have shown through a study that 30-percent less children get hospitalized that are cared for under these programs and that costs for special appliances is one-fourth the cost than for those being cared for under other medicaid programs.

The New York State evaluation of hospitalization of children 0 to 1 with preventable conditions—otitis media and gastroenteritis pointed out that in these two conditions outpatient programs could prevent expensive hospitalizations that last for over a week.

Local providers, ambulatory care clinics and community health centers also provide services to a varying degree. Through special efforts of immunization programs in 1981 through 1982, about 97 percent of more than 71,000 new entrants to schools in New York City met all the immunization requirements for diphtheria, tetanus, polio, measles, rubella and mumps, but this does not assess the degree of care that children receive.

Legislation is adequate to cover the health of school children in New York State with the exception of the large cities representing approximately 1 million children and 600 schools. There is approximately 1 nurse to 6,000 to 7,000 students in New York City.

The school health demonstration projects have underway programs to link health providers to schools in selected high risk communities. Problems have been encountered within these demonstration programs trying to pay for services through medicaid and other third party payors.

Habilitation services for the handicapped and evaluation of children with special needs are served through tertiary centers and the medical rehabilitation program, previously the crippled children's program under title V.

The number of children unserved is not known, but efforts are underway in the New York State Department of Health program to track these children.

A study by the Committee on the Handicapped, legislated through 94-142 lead us to believe that there are many children unserved, and there are many problems currently existing in other countries.

In 5 minutes it is not possible to describe in depth the complex services and needs of children and their families in the United States. A major commitment is needed by the United States to provide at least preventive services known to be cost effective to mothers and children.

Current medicaid programs and inadequately funded maternal and child health programs continually struggle to provide these services. Through the change to the MCH block grant, New York State lost $5 million in their base and about $3 million in SPRANS, which the $7.6 million in the jobs bill will barely cover these programs for one year.

The $7.6 million in the jobs bill that came to New York State through maternal and child health care efforts does not even cover these programs for 1 year and as of October 1, 1983, we still do not know what will happen with this money missing.

The extent of the gap and the level of funding is still not known. Maternal and infant care programs were analyzed and evaluated very carefully by Congress in 1974 and mandated in each State as exemplary services.

The funding in New York State for these programs is currently below the level of the seventies and after adding inflation costs leaves them funded at an inadequate level.

One C&Y has already been discontinued in New York City. Reimbursement mechanisms alone do not do the job. There must be a system that stresses the coordinated delivery of personal health care.

It takes years to build the staff systems and facilities for programs. The constant up and down of the budget keeps everybody guessing, spinning their wheels instead of providing services as to where and when services will be available.

Now, programs just for the sake of newness should not be instituted. Seed money which we continue to hear about to start programs with the fantasy that they will become self-sufficient is not real when the program is aimed to serve those not covered or the working poor.

An expanded ambulatory care system should be supported more generously than a hospital system that has proven to be more cost effective over and over again with this population.

We look forward to your leadership on this committee in developing a meaningful program, particularly in health care for mothers and children in the United States and offer any support, information or assistance that may be helpful.

Thank you.

Chairman **Miller**. Thank you.

[Prepared statement of Donna O'Hare follows:]

PREPARED STATEMENT OF DONNA O'HARE, M.D., F.A.A.P.

I would like to thank the Select Committee of Children Youth and Families for the opportunity to appear before you.

As determined by the 1980 census, New York State's population exceeds 17.5 million people, which 3.8 million are children under 15 years of age, and 5 million are females between the ages of 15 and 44. Therefore, the total population in need of priority health services in this state approaches 8.8 million people, or almost 50 percent of the population.

The unique demography of New York State, including New York City, has been described in the publication "Trends" from the New York State Council on Children and Families, January 1983. It is important to note that 76 percent of the minority population under 21 years of age live in New York City, and more children are living in poverty in 1980 than in 1970. (A total of 876,900 in 1980 with 2/3 in New York City, 551,533) representing one out of every three children in New York City is living in poverty. Although the total number of children under 21 decreased from 1970 to 1980, the number of children living in poverty actually increased by over 100,000 thereby, increasing the need for subsidized services.

The maternal and child health priority areas include low-birth weight prevention to decrease mental retardation and handicapping condition by increasing access and availability of prenatal and family planning care and appropriate health maintenance for all children with continuity of care.

The national infant mortality rate (provisional) for 1982 is 11.2/1000 live births which is lower than for New York State 12.1 and New York City which was 15.3 that year. Five districts in New York City had infant mortality rates of 20.0 or higher in 1982. The unique diversity of New York City is reflected in the wide range of infant mortality rates which varied from 27.6 to 5.8/1000 live births. The important factor that does not receive adequate attention is the magnitude of infants affected, a rate of 15.3/1000 live births in New York City represents an alarming figure of 1,706 infant deaths. Although this is an improvement from an average of 19.9 infant deaths/1000 live births in the early 1970's, we still have an enormous gap to catch up with the rest of the nation. In 1981 only 46.2 percent of women in New York City received care early in the first trimester, versus 82.2 percent upstate. There were 41.6 percent live births to women under 18 in New York City, versus 10.7 percent to women in upstate New York. The neonatal and infant mortality rates were higher in the City, versus upstate. This data indicates a need statewide with greatest emphasis in the City. In 1981, early or first trimester prenatal care for all whites in New York State was 73.9 percent but for non-whites was 44 percent. Prenatal care in the first trimester among whites under 20 years of age was 45.5 percent and for non-whites it was 28.9 percent, indicating that efforts to make care accessible must be concentrated in minority areas.

Although there is an MIC-FP Program in New York City serving almost 10 percent of pregnant women, it has had a waiting list without any outreach efforts. MIC outcomes of pregnancy are dramatically better than districts where the patients reside. Funding for this Program has not kept pace with inflation. In a study done in 1980 at MIC it was estimated that almost 2 million dollars was saved in hospital costs alone by providing prenatal care and decreasing low-birth weight. The long term cost savings would be far in excess of this. In 1981 about 23,000 women were reported to receive late or no prenatal care (75 percent or approximately 18,000 of these women were from New York City). If services were to be made available to these women approximately 25 million dollars would be necessary to provide maternity services.

Only 20 percent of women in New York City are breastfeeding when they leave the hospital, however, the percentage of MIC-FP patients who are breastfeeding at the time of their postpartum is 27 percent—demonstrating that even in a high-risk population, education and support can promote good health habits 6 weeks after delivery.

Additional problems have been caused by current fiscal constraints such as the refusal of doctors to accept medicaid patients due to the inadequate fees over the past ten years; and hospitals refusing to accept transfers of patients without coverage for labor and delivery or for patients needing tertiary care.

The Genetic Program in New York State and the Prenatal Diagnosis Laboratory have provided important counseling and laboratory services. These programs are currently in jeopardy. The annual cost of about 2 million dollars for operating these programs has saved over 160 million dollars for hospitalization and institutional care. An average cost for maintaining a person born with a congenital defect can range from $500,000 to $1,650,000 for a lifetime.

The most self-evident measure of the need for family planning services is given by the number and relative incidence of terminations of pregnancies to live births in New York State; i.e., 1 termination reported to 2 live births. However, in New York City the ratio is 1 to 1. It has been estimated in a study by the New York State Office of Family Planning that a program to meet the unmet needs of sexually active adolescents would cost approximately 20 million dollars. The cost to provide family planning services to all women in need with no access to these services is difficult to estimate. The need is obvious.

The Women, Infant, Children Program (WIC) is currently serving 225,000 participants in New York State. There are approximately 400,000 participants who are eligible for services but are not currently participating. The Jobs Bill money, which ends September 30, 1983, allows New York State to serve an additional 43,000 participants. As of October 1, 1983 what will happen to these participants? Funding increases and decreases cause havoc. Every $1 spent in WIC saves $3 in neonatal care costs because of the associated benefits of nutrition plus health care. Women served by WIC receive earlier prenatal care and keep their revisit appointments in addition to improving their nutritional status.

The number of children in New York State under care is difficult to assess. In New York State there are 973,969 children ages 0–20 who are eligible for EPSDT called "CHAP" services. There are 358,759 children under 6 years of age. The number of children receiving CHAP services is approximately 4,610 per month or 60,000, less than 10 percent of the population in need annually. The child health stations in New York City continue to serve a considerable proportion of the low-income, minority and new immigrant young child population; ⅓ of the entire City's newborn and ⅙ of the City's preschoolers by 1982 figures over 100,000 children.

The major problem that continues to plague this vulnerable population study is lack of continuity of medical services (preventive and acute health care, as well as primary and more specialized care) and problems of nutrition and quality child care. The Children and Youth Projects (MCH Programs) have demonstrated their ability to be cost effective and reduce hospitalization and drug costs. These programs are barely surviving with their current cuts. These comprehensive Programs serve over 55,000 children in New York City and include growth and development, nutritional assessment, dental care, immunization, lead screening, educational counseling for parenting and accident and poison prevention programs.

An evaluation, done by the New York State Department of Health, of hospitalization of children one year of age for selected preventable conditions, otitis media and gastroenteritis, points out again that improved out-patient care could prevent costly hospitalization. A Children and Youth evaluation study has demonstrated that children enrolled in comprehensive C&Y Programs had a 30 percent lower hospitalization rate in a comparable population. The cost of drugs were also evaluated and demonstrated that children enrolled in these programs incurred ¼ of the cost of drugs than for those in Medicaid Programs. Local providers, ambulatory care clinics and community health centers also provide services to a varying degree. Through special efforts of immunization programs in 81–82, about 97 percent of more than 71,000 new entrants to schools in New York City met all the immunization requirements for diphtheria, tetanus, polio, measles, rubella and mumps, but this does not assess the degree of care that children receive.

Legislation is adequate to cover the health of school children in New York State with the exception of the 3 large cities representing approximately one million children and 600 schools. There is approximately one nurse to 6,000–7,000 students in New York City. The School Health Demonstration Projects have underway programs to link health providers to schools in selected high-risk communities. Problems have been encountered in these demonstrations trying to pay for services through Medicaid and other third party payors.

Habilitation services for the handicapped and evaluation of children with special needs are served through tertiary centers and the Medical Rehabilitation program (Crippled Children Program). The number of children unserved is not known, but efforts are underway to track these children. Special efforts must be made to continue to develop and monitor standards of care for these children. A study of the Committees on the Handicapped, legislated through 94–142 lead us to believe that there are many children unserved or inappropriately served.

In five minutes, it is not possible to describe in depth the complex services and needs of children and their families. A major commitment is needed by the United States to provide at least preventive services known to be cost effective to mothers and children. Current medicaid programs and inadequately funded maternal and child health programs continually struggle to provide these services. It should be noted that the medicaid eligibility level remains below the poverty level in New York State.

Through the change to the MCH block grant, New York State lost five million dollars in their base and about 3 million dollars in SPRANS in 1983. The $7.6 million in the Jobs Bill does not cover these programs for even one year. As of October 1, 1983 the level of funding, and the extent of the gap it will create in services, is unknown. Maternal, Infant, Child and Children and Youth Projects were anlyzed and evaluated by Congress in 1974 and were felt to be of such value that they were mandated in each state as an exemplary service. The funding in New York State for these Programs is currently below the level of the 70's and after adding inflationary costs leaves them funded below adequate levels. One C&Y has already been discontinued providing comprehensive children and youth services in New York City. Reimbursement mechanisms alone do not do the job. There must be a system that stresses the coordinated delivery of personal health care. It takes years to build a staff, system a facilities for programs. The constant yo-yoing of the budget keeps everyone guessing as to where services will be available tomorrow. "New programs" just for the sake of "newness" should not be instituted in competition with proven effective services.

Seed money to start programs, with the fantasy that they will become self-sufficient, is not real where the programs aim to service those not covered or the "working poor".

An expanded accessible ambulatory care system should be supported more generously for this population.

We look forward to the leadership of this Committee developing a meaningful program for the health care of children in the United States. I would like to offer any support, information or assistance that may be helpful to provide our nation with services that enable children to be born alive and healthy.

STATEMENT OF EVE BLOCK, EXECUTIVE DIRECTOR, STATEWIDE YOUTH ADVOCACY, INC., NEW YORK

Ms. Block. Chairman Miller, members of the select committee, ladies, and gentlemen, I am Eve Block, the executive director of Statewide Youth Advocacy, a not-for-profit organization based in

Rochester, N.Y., whose primary mission is to monitor public policy issues affecting the well-being of the children of New York State.

According to the 1980 census, 20 percent of New York State's children live in poverty; 1 in 8 in 1970; 1 in 5 in 1980.

In New York City, families crowd abominable welfare hotels and shelters or camp in abandoned buildings. In upstate rural areas, families live in poorly heated, dirt-floor shacks and barns.

Too many families are forced daily to choose between food, shelter, and clothing for their children. For many, the only choice that will insure their children's survival is to give them up to the foster care system.

These conditions are the consequences not only of depressed economic conditions, but also of deliberate actions taken by Federal and State policymakers. The children of the poor and near poor have suffered under Federal cutbacks in income support programs.

Since 1981 in New York State: 75,000 to 82,000 children have lost or now receive reduced AFDC benefits; 10,000 families have been dropped from the program; 29,000 families have lost food stamps; 10 percent of children in school breakfast and lunch programs have lost free and reduced-price meals.

At the State level, public assistance has been raised only once since 1972; a mere 15 percent in 1981, and the shelter allowance stands at the 1974 level.

It is the poor children of this State and others across the Nation who have been forced to bear a disproportionate burden as Federal, State, and local governments have attempted to balance their budgets.

Rather than acting the way a family would—protecting our young first—we have chosen to invest our scarce resources in arms and prisons. Each year we are told that the poor must again defer their needs.

The entire spectrum of programs designed to serve children is today threatened by these inhumane priorities.

Child care, an essential support to the growing single-parent population, has been drastically cut. Our recent report, "Where Have All the Children Gone?" conducted jointly with the NYS Child Care Coordinating Council, found that in the past 2 years, between 8,400 and 12,000 New York State children have lost day care purchased for them with public funds.

The decrease in purchased day care is particularly grave outside New York City, where 46 percent of all children in government-subsidized day care slots have lost all or part of their subsidy. Today, 35 counties provide no day care for the working poor.

Even though the State did act to protect the counties from the full extent of the $60 million cut in the social service block grant, upstate counties which, after adjustment, have collectively lost only $2 million in Federal funds, still cut an estimated $10 million from purchase of service day care.

It is the absence of a Federal child care policy and the absence of funds targeted and restricted to child care which have made this essential service so vulnerable to local cuts.

The day care losses have directly hurt the working poor. Over 90 percent of persons who receive subsidized day care are single parents. For these families, quality day care provides security, stability, and important child development assistance.

The study's survey of selected families indicates that the loss of subsidy has resulted in increased numbers of children left alone. A State study of Westchester County concluded that the loss of day care increased risk of maltreatment or neglect.

While some parents chose to leave work altogether and to go on welfare rather than to neglect their children, many struggled to pay the fees of centers—often unsuccessfully. Still others placed children into the care of older siblings, or were forced into merely custodial arrangements which offer little or no opportunity for intellectual and emotional growth—TV becomes the teacher of these children, and junk foods their nutrition.

The recent national focus on educational policy has alerted decisionmakers and the public to a crisis in our schools. The majority of children are, in fact, ill served by the schools they attend.

No less than 45 percent of all New York City children, and over 35 percent of children in Rochester, who enter ninth grade fail to graduate. The number of black and Hispanic youth in New York State who do not complete high school is over 50 percent—double the statewide dropout rate.

Many of these youths are driven out of school by academic failure or exclusionary discipline policies. In Rochester, not atypical of other urban districts, 23 percent of all secondary school students were suspended at least once in 1981-82.

The Reagan administration's attempts to abandon its responsibility for education have only exacerbated the crisis we face. We have seen effective programs to end racial isolation, provide alternatives to suspension, and assist disadvantaged youth, drastically reduced or terminated as school districts have been unable to replace lost Federal dollars.

Of major concern, too, is New York's abandonment of a 100-year commitment to treat juveniles rather than to punish them. Our State's laws on juvenile crime are among the harshest in the Nation.

The State's penal code is one of only four which defines adulthood as beginning at age 16. Federal legislation to prohibit placement of juveniles in adult lockups and jails will do nothing for the 3,000 New York State youth in jails and prisons—unless it has an age, as well as a categorical, restriction.

But even the protections afforded juveniles are, today, undercut by the State's juvenile offender law, which tries 13-, 14-, and 15-year-olds accused of serious crimes in the criminal courts. The law provides for lengthened sentences in secure settings for youth convicted of those crimes.

For the State, it has meant a tremendously increased demand for secure beds. This year alone, New York is spending $32 million in construction of secure facilities.

New York's deficit and this huge investment in a few serious offenders is creating an enormous imbalance in budgeting for the juvenile justice system. Juvenile delinquents institutionalized for lesser offenses are increasingly denied appropriate education and treatment in State facilities, and the State is out of compliance with Public Law 94-142 for children in those institutions. The basics we have to provide, education for those who have been in trouble, we don't provide adequately.

Our most troubled children are being asked to balance the State's budget—a budget made more tenuous by Federal reductions.

We are alarmed that other States are adopting their own juvenile offender laws, and that the emphasis of the Office of Juvenile Justice and Delinquency Prevention is on serious juvenile crime. We fear that this may signal an abandonment of important preventive and deinstitutionalization initiatives.

Young persons without homes, especially those over 16 when the status offense category ends, are rarely placed by the child welfare system and are dumped out at age 18 if they have been in at all.

Despite recent increases, both State and Federal funding for runaway and homeless youth is still inadequate to meet the long-term needs of older adolescents who have nowhere to go.

Adult homeless legislation does not address this need. The Runaway and Homeless Youth Act must be expanded to provide for extended independent group living arrangements for the many young people who need supportive services to function on their own.

The Federal Child Welfare and Adoption Assistance Act of 1980, and New York's Child Welfare Reform Act of 1979, offered a promise for change, and indeed, positive changes have taken place. The foster care population has been reduced to 32,000 children—64 percent of the 1975 level.

Service providers, guided by a new philosophy, now work to keep families together when at all possible. But the effort has not been easy.

Federal funding levels have remained far lower than promised and the lack of adequate Federal support for services to keep children at home has undercut our State's genuine effort to help families at serious risk.

The select committee has ahead a huge, but essential, task. From across the Nation, we who care about children look to you for help to assure that the United States reasserts and reestablishes its commitment to children.

Thank you, again, for the opportunity to address you today.

Chairman MILLER. Thank you very much for your testimony.

[Prepared statement of Eve Block follows:]

PREPARED STATEMENT OF EVE E. BLOCK, EXECUTIVE DIRECTOR, STATEWIDE YOUTH ADVOCACY, INC.

Chairman Miller, members of the Select Committee, ladies and gentlemen. My name is Eve Block. I serve as Executive Director of Statewide Youth Advocacy, a not-for-profit organization based in Rochester, New York, whose primary mission is to monitor public policy issues affecting the well-being of the children of New York State. In the past seven years, we have worked primarily on state policy matters relating to disadvantaged children who are served by the state's child care, child welfare, juvenile justice, and eduction systems. I also serve on the Child Welfare Standards Advisory Council and the State Block Grant Advisory Committee to the HEAP and Social Service Block Grants.

According to the 1980 census, 20 percent of New York State's children live in poverty. In New York City, families crowd abominable welfare hotels and shelters or camp in abandoned buildings. In upstate rural areas, families live in poorly-heated, dirt-floor shacks and barns. Too many families are forced daily to choose between food, shelter and clothing for their children. For many, the only choice that will ensure their childrens' survival is to give them up to the foster care system.

These conditions are the consequences not only of depressed economic conditions but also of deliberate actions taken by federal and state policy-makers. The children of the poor and near poor have suffered under federal cutbacks in income support programs. Since 1981 in New York State: 75,000 to 82,000 children have lost or now receive reduced AFDC benefits; 10,000 families have been dropped from the program; 29,000 families have lost food stamps; 10 percent of children in school breakfast and lunch programs have lost free and reduced-price meals.

At the state level, public assistance has been raised only once since 1972; a mere 15 percent in 1981 and the shelter allowance stands at the 1974 level.

It is the poor children of this state and others across the nation who have been forced to bear a disproportionate burden as federal, state and local governments have attempted to balance their budgets. Rather than acting the way a family would—protecting our young first—we have chosen to invest our scarce resources in arms and prisons. Each year we are told that the poor must again defer their needs. The entire spectrum of programs designed to serve children is today threatened by these inhumane priorities.

Child care, an essential support to the growing single-parent population, has been drastically cut. Our recent report," Where Have All The Children Gone?," conducted jointly with the NYS Child Care Coordinating Council, found that in the past two years, between 8,400 and 12,000 New York State children have lost day care purchased for them with public funds. The decrease in purchased day care is particularly grave outside New York City, where 46 percent of all children in government-subsidized day care slots have lost all or part of their subsidy. Today, 35 counties provide no day care for the working poor.

Even though the state did act to protect the counties from the full extent of the $60 million cut in the social service block grant, upstate counties which, after adjustment, have collectively lost only $2 million in federal funds, still cut an estimated $10 million from purchase of service day care. It is the absence of a federal child care policy and the absence of funds targeted and restricted to child care which have made this essential service so vulnerable to local cuts.

The day care losses have directly hurt the working poor. Over 90% of persons who receive subsidized day care are single parents. For these families, quality day care provides security, stability, and important child development assistance. The study's survey of selected families indicates that the loss of subsidy has resulted in increased numbers of children left alone. A state study of Westchester County concluded that the loss of day care increased risk of maltreatment or neglect. While some parents chose to leave work altogether and to go on welfare rather than to neglect their children, many struggled to pay the fees of centers—often unsuccessfully. Still others placed children into the care of older siblings, or were forced into merely custodial arrangements which offer little or no opportunity for intellectual and emotional growth—TV becomes the teacher of these children, and junk foods their nutrition.

EDUCATION

The recent national focus on educational policy has altered decisionmakers and the public to a crisis in our schools. The majority of children are, in fact, ill-served by the schools they attend. The failure of our educational system to adequately respond to the diverse needs of today's school population—the needs of Black and Hispanic children, poor children with handicaps, migrant children, and children from single-parent homes—results in alienation, exclusion, and illiteracy.

No less than 45 percent of all New York City children, and over 35 percent of children in Rochester, who enter ninth grade fail to graduate. The number of Black and Hispanic youth in New York State who do not complete high school is over 50 percent—double the statewide dropout rate. Many of these youths are driven out of school by academic failure or exclusionary discipline policies. In Rochester, not atypical of other urban districts, 23 percent of all secondary school students were suspended at least once in 1981-82.

We cannot resolve this crisis by harking back to some idealized memory of what our schools may have once been. We agree with the National Commission on Excellence in Education that it is the federal government's responsibility to assist in responding to the needs of those students. The Reagan Administration's attempts to abandon this responsibility have only exacerbated the crisis we face. We have seen effective programs to end racial isolation, provide alternatives to suspension, and assist disadvantaged youth, drastically reduced or terminated as school districts have been unable to replace lost federal dollars.

JUVENILE JUSTICE

Of major concern, too, is New York's abandonment of a hundred-year commitment to treat juveniles rather than to punish them. Our state's laws on juvenile crime are among the harshest in the nation. The state's penal code is one of only four which defines adulthood as beginning at age 16. Federal legislation to prohibit placement of juveniles in adult lockups and jails will do nothing for the 3,000 New York State youth in jails and prisons—unless it has an age, as well as a categorical, restriction.

But even the protections afforded juveniles are, today, undercut by the state's Juvenile Offender Law, which tries 13-, 14-, and 15-year-olds accused of serious crimes in the criminal courts. The law provides for lengthened sentences in secure settings for youth convicted of those crimes. For most of the youth involved, the JO law has brought double processing (first in criminal court, and then in family court) and long waits in detention. For the state, it has meant a tremendously increased demand for secure beds: this year alone, New York is spending $32 million in construction of secure facilities.

New York's deficit and this huge investment in a few serious offenders is creating an enormous imbalance in budgeting for the juvenile justice system. Juvenile delinquents institutionalized for lesser offenses are increasingly denied appropriate education and treatment in state facilities. Currently, only 350 of the approximately 2,700 residents of DFY facilities are labeled as educationally handicapped, although at least 50 percent are. The lack of appropriate education substantially violates both federal and state laws protecting the education of the handicapped. To make matters worse, a staffing freeze imposed by the Governor has left most of the facilities serving juvenile delinquents with a 10 percent loss of staff, over and above the staff cuts made in the 1983 budget. Morale is low, treatment and education training have been reduced: special programs are reduced or eliminated, and staff vacations are being deferred. The situation is dangerous. Our most troubled children are being asked to balance the state's budget—a budget made more tenuous by federal reductions.

We are alarmed that other states are adopting their own juvenile offender laws, and that the emphasis of the Office of Juvenile Justice and Delinquency Prevention is on serious juvenile crime. We fear that this may signal an abandonment of important preventive and deinstitutionalization initiatives.

Inadequate, too, is the state's care of the thousands of young people who have committed no crime but to be born into dysfunctional families or families which reject or abuse them. Our 1981 examination of PINS jurisdiction [1] revealed that the family court, to whom these youngsters are referred, can do little but label them and send them to the same voluntary services or Department of Social Services' arranged placement they could have received without a judgment of guilt. Indeed, we could find no basic difference between PINS and older child welfare cases: neither the presenting problems, nor the services they needed to keep them with their families, nor the help to secure alternative living arrangements, were different from child welfare cases of the same age. We recommend that the category be eliminated and the social service system be given primary responsibility.

Young persons without homes, especially those over 16 when the status offense category ends, are rarely placed by the child welfare system and are dumped out at age 18, if they have been in at all. Despite recent increases, both state and federal funding for runaway and homeless youth is still inadequate to meet the long-term needs of older adolescents who have nowhere to go. Adult homeless legislation does not address this need. The Runaway and Homeless Youth Act must be expanded to provide for extended independent group living arrangements for the many young people who need supportive services to function on their own.

New York State's child welfare system is the largest in the country. In 1975 while seeking to help, it provided impermanence and insecurity to 50,000 children whose average length of stay in foster care was four years. Far too many grew up without the permanent adoptive families they needed; and far too many families, who with support services and adequate shelter could have provided for their own children, were forced through circumstances and coercion to turn their children over to the custody of the state.

The federal Child Welfare and Adoption Assistance Act of 1980, and New York's Child Welfare Reform Act of 1979, offered a promise for change, and indeed, positive changes have taken place. The foster care population has been reduced to 32,000 children—64 percent of the 1975 level. Service providers, guided by a new philosophy, now work to keep families together when at all possible. But the effort has not been easy. Federal funding levels have remained far lower than promised and the lack of adequate federal support for services to keep children at home has undercut our state's genuine effort to help families at serious risk.

---

[1] "PINS Jurisdiction in New York State Today: Critique and Recommendations," Statewide Youth Advocacy, Inc., 1983.

In the past, both the state and federal reaction was to "rescue" the children of those families by placing them in foster care. We fear that funding cuts may mean that rescue comes not at all—neither through placement, nor through service—that the reversals of state and federal policy, combined with a lack of funds, may lead simply to de facto neglect of children already neglected or abused by their parents.

The Select Committee has ahead a huge, but essential, task. From across the nation, we who care about children look to you for help to assure that the United States reasserts and reestablishes its commitment to children.

Thank you, again, for the opportunity to address you today.

Chairman MILLER. Next we will hear from Georgia McMurray.

I would like to say for members of the committee who aren't aware of it that Ms. McMurray, when we were drafting the Child Welfare Act, probably had more to do with that than any single individual in the country.

When we first began floating the idea of a Select Committee she was very encouraging, making it clear that in her mind it was essential that such a panel be created.

Georgia, welcome to the committee. It is fitting that you should be among our first witnesses.

STATEMENT OF GEORGIA McMURRAY, DEPUTY GENERAL DIRECTOR, COMMUNITY SERVICE SOCIETY, NEW YORK CITY

Ms. MCMURRAY. Thank you. Chairman Miller, members of the House Select Committee, my name is Georgia McMurray.

I am now deputy general director of the Community Services Society, one of the oldest, largest, not-for-profit, private, social welfare agencies in the United States.

Our programs of direct services and technical assistance reach tens of thousands of New York City residents and our reputation is enhanced by our extensive policy research and social advocacy, through which we seek to promote social reform at all levels of government.

I would like to praise the House Select Committee on Children, Youth, and Families for its auspicious undertaking to document what is happening to children in the United States. I am particularly honored by your invitation to appear before you today.

To most of the United States, New York City, with a population of 7,071,000, is a thriving metropolis, a city of infinite charm and endless opportunities. But those of us who live here are aware that, behind the glittering facade, are neighborhoods of despair, people with lost hopes and unremitting poverty.

I invite you to walk north on Park Avenue from 96th Street to see that reality.

CSS, in its concern for the poor, believes it is important to know about that reality. Our preliminary analyses show that New York City has a greater proportion of persons 19 and under—28.2 percent—compared to the Nation as a whole—24.7 percent.

It also has relatively more poor people, even when compared with New York State as a whole. Forty percent of the people now living in New York City were born outside of the mainland United States, if you include those born in Puerto Rico.

The city's poor increased from 14.8 percent of the population in 1969 to 20 percent by the 1980 census. We project that as of the end of 1982, this had risen to 24 percent.

In contrast, the national poverty rate during that period had remained more or less the same. Elsewhere in New York State about 18 percent of the households lived below the poverty line.

According to the census, 40 percent of the city's 1.4 million poor are concentrated in 25 percent of its census tracts, mostly in the South Bronx, Central and East Harlem and Central and East Brooklyn.

These poverty neighborhoods have more children—10 percent compared to 6.6 percent citywide. Of the city's 1.4 million poor, 552,000 are children aged 17 and under—one-third of all New York City children.

What is life like for these poor, mostly minority children in New York City today? Most of them live in single-parent, female-headed families, the single most telling indicator of poverty that we now have.

About 53 percent of these single-parent, female-headed families receive Aid to Families with Dependent Children. The welfare grant is expected to cover all family needs, both obligatory and discretionary.

It barely does. For example, about 63 percent of these families are now paying rents above the shelter allowance.

According to a recent report by the East Harlem Interfaith Welfare Committee, two-thirds of the households with children who came to them in food emergencies were or had recently been on welfare.

One-third had had their benefits cut off. In most cases, the reasons for the loss of benefits were purely administrative—a product of the churning process by which large numbers of welfare families are regularly removed from the rolls for a reason unrelated to their economic needs and are forced thereby to repeat the tedious and discouraging application procedures.

Chief among the cutoff factors is some delay or error on the part of the client or worker in carrying out the recertification process.

The Department of Social Services requires a recipient household to undergo recertification several times annually. There are appointments to be scheduled and kept, multiple documents to be obtained and filed, lengthy forms to be filled out, precise procedures to be followed—all of which must be done to insure uninterrupted receipt of the family's benefits.

The possibilities of human and bureaucratic errors and delays at every step of the way make the recertification process a moneysaver for the Department, but a horror for the poor families who depend on welfare benefits for their daily food.

Many of our families are dependent upon AFDC because of the unique character of the New York City labor market which, by and large, does not provide sufficient jobs for people now seeking employment.

The State Department of Social Services reports that our home relief for families on assistance programs went up 20 percent from 1981 to 1982, reflecting some of the impact of inflation and unemployment in this city.

From 1977 to 1981, job opportunities increased by 167,000 positions, primarily because of new high-growth industries, but city residents benefited by position gain of only 39,000. Since most of the growth occurred in the higher paying employment sectors for which training was required, the city's poor residents benefited even less.

And we cannot ignore the continuing racism in hiring practices and promotion policies.

Teenage unemployment remains a crisis in New York City. Given the economic changes just cited, it is not surprising that the overall rate of teenage unemployment for the city is higher than that of the Nation as a whole.

According to Bureau of Labor Statistics, the unemployment rate for all youth 16 to 19 years of age was 31 percent in New York City in 1982, compared to 23.2 percent for the Nation. The unemployment rate for black youth—48.2 percent in New York City—was nearly double that of whites.

The plight of poor children and youth in single-parent families cannot be dealt with separate and apart from the family's need for adequate income and jobs. I would ask that the select committee consider ways in which a national policy of income security for all children might be developed which would insure that each child would have access to a certain level of income, nationally defined, which would be available through a continuum of income or employment, so that children would not be subjected to the vagaries of cyclical unemployment or the mean-spiritedness of means-tested public assistance programs.

Two years ago CSS released a study on the homeless in New York City, pointing out the consequences of poorly executed plans to discharge mentally ill persons from State hospitals. The image of homeless, possibly disturbed persons, sleeping on the sidewalks of New York City, has become a part of the New York scene. Are we ready now to have the street house young children as well?

The city's Human Resources Administration reports that as of June 1983, 2,000 homeless families—up from 950 last year—were in hotels or family shelters.

This included about 3,000 children. These are only families known to the city agency. Beyond these estimates, no one knows how many more homeless families there are.

The major reason given for this shocking increase is overcrowding. Many of these families had been doubling up with others and, when the landlord found out, they were evicted.

According to the New York Times, the New York City Housing Authority reports about 17 percent of their units are illegally housing more than one family.

I invite you to visit hotels where these children and their parents reside. Three or four persons crowded in one room; no recreation; no day care; children out of school; no cooking facilities. Their meals—fast food restaurant fare, pizzas, soda pop. Only three of these hotels have social services.

In years past, I suggest that some of these families would have placed their children in foster care or given the precarious living arrangements, the city agency would have taken such an initiative.

Nowadays, the public emphasis is upon maintaining children with their own parents, and rightly so.

But the foster care system in New York City is particularly troublesome: 60 percent of the 19,000 children now under care are black. An astounding figure when only 25 percent of the city's population is black.

Next year, the Congress will be called upon to review the recent legislation on child welfare and foster care, Public Law 96-272. I would ask that the select committee look closely at that part of the legislation which established a cap on foster care expenditures.

About two-thirds of these children in foster care come from very poor families and are eligible for Federal aid. Title IV-E Federal contributions amounted to one-third of the $350 million New York spent last year on foster care.

Contrast this with the $53 million expended for preventive services to enable struggling families to care for their children at home, more than 80 percent of which came from State and local coffers, and you will begin to see that the pattern of Federal spending has not followed the path marked by the major policy goals of the Adoption Assistance and Child Welfare Act.

In part, the goals of the Chair and other members of this select committee who worked hard for the passage of the legislation have been thwarted by the major reductions in the social services block grant; and by the failure of the Congress to appropriate the full entitlement amounts under IV-B.

We ask that you consider carefully during the coming year the experience we have had under Public Law 96-272, so that Congress can make its best determination for meeting the intent of the legislation: to enable families to care for their children at home.

But improved child welfare services are not enough. Parents who wish to work need to know their children are safe while they are away at work.

Most attention is given to preschool services, but services for school-age children are needed as well. Latchkey children are not a new phenomenon, but their numbers are multiplied now as more and more women move into the marketplace.

In a recent CSS study on day care, we found that, not only were children being left alone, but, in some instances, older siblings were being pressed into service to look after their younger brothers and sisters. We found a similar situation occurring in a study that we did on youth employment.

Few studies document the consequences of long periods of unsupervised care by adults upon children or the sometimes heroic demands placed upon these youngsters to make decisions when their parents are not available.

Unsupervised children is but one manifestation of the growing isolation that children experience in this society. Some of the families in the CSS day care study spoke tellingly of the isolation they, along with their children, experienced in their day-to-day lives.

Contrary to widely held beliefs, few or no relatives and friends were nearby, either to socialize with or to help. Many of these had become parents as teenagers and had moved out on their own to start a new family.

The increase in pregnancy among teenagers has been well documented, and its existence is now acknowledged among all classes in society. In New York City in 1980, 57 percent of the young women ages 10 through 19 who became pregnant chose abortion; most of the remainder gave birth, 77 percent of which occurred out of wedlock.

Black teenagers are nearly twice as likely to give birth as white teenagers. The black adolescent mother is triply handicapped—she and her child are subject to the increased risks associated with being black, with being poor, as well as the increased risks associated with adolescent pregnancy.

Sexual freedom is one of the few basic human rights poor adolescents have. It can be exercised without intervention by authorities or outside control.

Adolescents are being asked to negotiate the adult world on their own, without adult guidance or supervision. Adolescents, particularly if they are black or poor, recognize that opportunities for work and upward mobility are increasingly limited.

It is within this context I believe that teenage parenthood should be viewed. Specific measures have to be taken to open up educational opportunities for young people, particularly women.

With all the attention now on education and the changes some of us sought to liberalize school policies for pregnant teenagers, we find still that female students are trapped by attitude or design into traditional modes of behavior at a very early age.

Despite the women's movement, pregnancy is still a valid reason for dropping out from school and from work.

Second, to assist young families, the delivery of health and social services within neighborhoods needs to be radically altered. I would suggest that child and family centers be established which would provide continuity of care from the prenatal period through the first 3 years of life, with routine home visiting by a specially trained person to every family with a newborn in a neighborhood.

Besides conducting health assessments, staff would determine the social circumstances of a child and family and refer them, as needed, to the appropriate income, employment or child care resources, or other specialized services.

While such a scheme may suggest the need for massive new infusions of public funds, I would point out that with the various funds now available for maternal and child health, preventive services in child welfare, and social services generally, such a redirection could be implemented.

Certainly, in view of the alarming changes taking place among the poor, piecemeal approaches in social planning will no longer suffice.

In summary, New York City today, despite the cultural renaissance in Manhattan, is becoming a bleak place to live for far too many children. They are growing up in neighborhoods of despair with a dim prospect of securing jobs to support their families when they grow up unless they are adequately trained and educated, and the barriers to employment, including racism, which persist in locking out their parents from any form of economic mobility, are removed.

One-third of New York City's children are poor by the Government's own standards. Their parents are either on public assistance or have low-paying jobs. Increasingly, they are hungry and homeless.

We hope that the work of the select committee will provide the basis for redefining the national responsibility toward this Nation's children.

Thank you.

[Prepared statement of Georgia McMurray follows:]

PREPARED STATEMENT OF GEORGIA L. McMURRAY, DEPUTY GENERAL DIRECTOR, COMMUNITY SERVICE SOCIETY

My name is Georgia L. McMurray. I am Deputy General Director of the Community Service Society, one of the oldest, largest, not-for-profit social welfare agencies in the United States. For over 130 years CSS, as we are commonly known, has worked to improve the lives and conditions of the urban poor.

Today our programs reach tens of thousands of New York City residents. We provide direct services to children and families, adolescents and older adults; through our technical assistance efforts, we enable community-based organizations in poverty areas throughout the City to operate much needed services in their communities, such as preventive health, basic literacy, housing renovation and management, and employment and training. Our reputation is enhanced by our extensive policy research and social advocacy, through which we seek to promote social reform at all levels of government. It is from these varied experiences that I bear witness today to the plight of children particularly poor children, in New York City.

Before I move to the heart of my testimony, I would like to praise the House Select Committee on Children, Youth and Families for its auspicious undertaking to document what is happening to children in the United States. Many of us who have been child advocates over the years have been saddened by the eclipse of children's issues at the national level during the last few years. We welcome the opportunity that this Committee brings to challenge the philosophical and policy direction of the current Administration on matters of concern to children and their parents who must care for them. And I am particularly honored by your invitation to appear before you today.

To most of the United States, New York City, with a population of 7,071,000, is a thriving metropolis, a city of infinite charm and endless opportunities. But those of us who live here are aware that, behind the glittering facade, are neighborhoods of despair, people with lost hopes and unremitting poverty. I invite you to walk north on Park Avenue from 96th street to see that reality.

CSS, in its concern for the poor, believes it is important to know about that reality. To accomplish this, we have set up, with New York University, a social and economic monitoring and forecasting project to analyze various census data and information from such agencies as the New York City Human Resources Administration, the Department of Health and the Board of Education, and to project future population trends. We plan to publish reports on the condition of the poor in New York City. The first will be available in the late fall. (See attached tables.)

Our preliminary analyses show that New York City has a greater proportion of persons 19 and under (28.2 percent) compared to the nation as a whole (24.7 percent). It also has relatively more poor people, even when compared with New York State as a whole.

The City's poor increased from 14.8 percent of the population in 1969 to 20 percent by the 1980 census, and we project that by the end of 1982 this had risen to 24 percent. In contrast, the national poverty rate during that period had remained more or less the same. Elsewhere in New York State about 18 percent of the households lived below the poverty line. With 20.6 percent of the incomes between $7,500 and $15,000 compared to 23.1 percent for a similar income group in New York City. Only 13.9 percent of the households here have incomes between $25,000 and $35,000, compare to 16.7 percent for the rest of the state.

According to the Census, 40 percent of the City's 1.4 million poor are concentrated in 25 percent of its census tracts, mostly in the South Bronx, Central and East Harlem and Central and East Brooklyn. Further, 123 of these tracts have populations with 50 percent or more poor. These poverty neighborhoods, as we call them, have more children (10 percent compared to 6.6 percent citywide) and relatively fewer elderly persons.

Clearly, New York City is becoming an increasingly poor place, at least so far as the economic status of its residents is concerned. Even though some citizens of New York City are making it big, many more are not, and increasingly these many more are children. Of the 1.4 million poor persons in New York City, 552,000 are children aged 17 and under. These poor children constitute almost one third of all children in the city.

What is life like for these poor, mostly minority children in New York City today? Most of them, as elsewhere in the United States, live in single-parent, female-headed families, the single most telling indicator of poverty that we now have. Of 458,000 single-parent, female-headed families in New York City, 53 percent receive Aid to Families with Dependent Children, with a basic cash grant of $297 a month for a family of four, plus food stamps at $150 a month. The maximum monthly shelter allowance is $218. About 63 percent of these families receiving public assistance are now paying rents above the shelter allowance. The Community Council of Greater New York City estimates that three-person recipient households in New York City will experience a deficit of $117 for the month of July 1983. Roughly three-fifths of the deficit is represented by inadequate shelter allowances.[1]

With the Bureau of Labor Statistics Lower Living Standard for a family of four at $15,323, a quick calculation will show that public aid falls far below a minimum standard of living. The welfare grant is expected to cover all family needs, both obligatory and discretionary, such as trips to the doctor and recreation, schools supplies and clothing, as well as an occasional night out. It barely does.

According to a recent report by the East Harlem Interfaith Welfare Committee, two-thirds of the households with children who came to them in food emergencies (defined as a situation in which a household is in imminent danger of, or has already run out of food and money for food) were or had recently been on welfare. Of those welfare households, one-third were in the food emergency because their benefits had been cut off.[2] In most cases, the reasons for the loss of benefits, which led to the food emergencies and hungry children among these families, were purely administrative—a product of the "churning" process by which large numbers of welfare families are regularly removed from the rolls for a reason unrelated to their economic needs and are forced thereby to repeat the tedious and discouraging application procedures. Chief among the cut-off factors is some delay or error on the part of the client or worker in carrying out the recertification process. This is a Department of Social Services requirement which a recipient household must undergo at regular intervals several times annually. There are appointments to be scheduled and kept, multiple documents to be obtained and filed, lengthy forms to be filled out, precise procedures to be followed—all of which must be done within specified time frames in order to insure uninterrupted receipt of the family's benefits. The possibilities of human and bureaucratic errors and delays at every step of the way make the recertification process a money-saver for the Department, because of the churning effect on the caseload, and a horror for the poor families who depend on welfare benefits for their daily food. A life on welfare then is not easy living.

Contrary to public myths, many poor parents work. Their wages are so meager, however, that they find it difficult to buy food and clothing, much less pay the rent or afford decent child care.

There has been amply documentation of the characteristics of poor working and non-working families over the years so that I do not need to dwell on this. But in New York City many of our families are dependent upon AFDC because of the unique character of the New York City labor market which, by and large, does not provide sufficient jobs for people now seeking employment.

During the 1977 to 1981 period, citywide payroll employment grew 5.2 percent to total 3.4 million, but employment of city residents grew only 1.4 percent to 2.8 million. That is, job opportunities in the City increased by 167,000 positions over the period, primarily because of new high-growth industries, but City residents benefited by only a 39,000 position gain, despite the pervasiveness of unemployment.

Many reasons have been cited for the seeming failure of City residents to benefit from new employment opportunities. The most persuasive involves the mismatch between the qualifications demanded for the new positions, the skills of the City's unemployed, and continuing racism in hiring practices and promotion policies. The largest volume of new job opportunities during the 1977 to 1981 period was generated by the City's securities industry (approximately 23,500 new positions), business services (20,000 new positions), personnel (17,700 new positions), and banking (17,000 new positions). During the same period, manufacturing employment in the City dropped over 55,000 positions. On balance, the City has been gaining white-collar positions and losing blue-collar jobs.

---

[1] "Research Note," Community Council of Greater New York, No 49, February 1983.

[2] Anna Lou Dehavenon, "The Tyranny of Indifference and the Myth of a Caring Society" (The East Harlem Interfaith Welfare Committee, May 1983).

Analysts conclude that unemployed New Yorkers lack the educational or technical qualifications necessary to obtain the kinds of jobs proliferating in the City. This mismatch is not expected to ease in the near future. In fact, manpower planners expect that employment growth in the eighties will accelerate in banking, finance, and business services. At the same time, shrinkage is expected to continue in the City's manufacturing sector. As a result, the mismatch between job requirements and the skills of the City's unemployed will persist unless effective action is taken.[3]

Teenage unemployment remains at a crisis in New York City. Teenagers, particularly minorities, face several problems which exacerbate their plight. The first has been the increased competition for lower-paying jobs by adults. As noted earlier in the testimony, the City is increasingly comprised of lower-income families, and jobs at the lower end of the scale are in demand by a large number of persons. The second, also cited, has been the nature of job growth in the City. Unfortunately, for many youth and minorities, the growth is occurring in the higher-paying employment sectors for which training is required. Very little of the City's economic growth has benefited the youth who need it most.

Given these problems and economic changes, it is not surprising that the overall rate of teenage unemployment for the City was higher than that of the nation as a whole in 1982. According to the BLS, the unemployment rates for all youth 16–19 years of age was 31 percent in New York City in 1982, compared to 23.2 percent for the nation. In both of the racial categories, the rates were higher than the national rates. For White youth, the rate in New York City was 27.2 percent, compared to 20.4 percent for the nation. The unemployment rate for Black youth was nearly double that of Whites in New York City. In 1982, the official BLS rate was 48.2 percent for Black youth in New York City. Even with nearly half of the City's Black teenagers unemployed, we surmise that this rate is even higher. BLS officials have noted that the standard error is extremely large in their survey of Black youth. Because of this, we would feel comfortable in assuming that the unemployment rate for Black youth is over 60 percent.

The plight of poor children and youth in single-parent families cannot be dealt with separate and apart from the family's need for adequate income and jobs. Consider for a moment that, even if a parent worked full time at minimum wage, he or she would only earn around $7,200 a year. If there are four persons dependent on that salary, then the family income is below the poverty level established by the United States government. Further, that family might be eligible for food stamps or other nutrition assistance programs, but not for medical assistance in New York State because our eligibility for non-public assistance recipients is limited to those with a maximum income of $6,600 for a family of four.

It is these families, women rearing their children alone, or two parents living on the edge of employment, that make up the neighborhoods of despair which are increasing in New York City.

The deprivation these families experience creates a legacy for their children, a legacy of lost hopes and unremitting poverty. I would ask that the Select Committee consider ways in which a national policy of income security for all children might be developed which would insure that each child would have access to a certain level of income, nationally defined, which would be available through a continuum of income or employment—an incomes policy—so that children would not be subjected to the vagaries of cyclical unemployment, or the mean-spiritedness of means-tested public assistance programs. Other nations have enacted such social policies for children. The time has come for the United States to do so as well.

I hope that this Committee will embark upon such studies as necessary to define the parameters of such a policy and particularly weigh various measures for revenue generation to support these. Certainly the taxation system of the United States warrants a great deal of scrutiny and a more equitable system might yield the necessary revenues to provide for the basic support of children in the society as part of our social contract with the young.

Absent such a viable economic security program for children, I speculate that the specter of growing numbers of homeless families with children, now increasingly a part of the New York City scene, may become more visible in other areas of the country as well.

---

[3] Unpublished document, prepared for the Community Service Society by the Marine Midland Bank of New York, September 1982.

Two years ago CSS released a study on the homeless in New York City, pointing out the consequences of poorly-executed plans to discharge mentally ill persons from state hospitals.[4] The image of homeless, possibly disturbed persons, sleeping on the sidewalks of New York City, has become a part of the New York scene. Are we ready now to have the street house young children as well?

A social worker from a settlement house on the West Side told me the other day that, when looking for homeless persons in abandoned rail yards on the mid-West Side, he came upon women and children living in tunnels, and there was no place to send them.

The City's Human Resources Administration reports that as of June 1983, 2,000 homeless families were in hotels or family shelters, paid for by the City. This includes about 3,000 children. Last year there were 950 families and, mind you, these are only families known to the City agency. Beyond the HRA estimates, no one knows how many more homeless families there are in New York City.

The major reason given for this shocking increase is over-crowding. Many of these families had been doubling up with others and, when the landlord found out, they were evicted. According to The New Times, the New York City Housing Authority reports about 17 percent of their units are illegally housing more than one family.

Most recently we have been reading about the "border war" between New Jersey and New York because of the spillover of homeless families from New York City into Newark, New Jersey. These homeless children and families are our "urban refugees", bereft of home and belongings, truly the outcast in "the affluent society."

I invite you to visit hotels where these children and their parent reside. Three or four persons are crowded in one room, with no cooking facilities. There is usually no recreation or provision for day care. Many of the children are out of school. And their meals! Fast food restaurant fare, pizzas, soda pop, according to workers who have visited them. Social services are available in only three of the hotels now. A Brooklyn community worker relates that at least four families show up each day seeking food packages either because they are homeless or because they have exhausted their meager resources for food.

In years past, I suspect that some of these families would have placed their children in foster care, or, given the precarious living arrangments, the City Agency would have taken such an initiative. Nowadays, the public emphasis is on maintaining children with their own parents, and rightly so. Moreover, most parents want to keep their children and do right by them. But the almost complete failure of the public systems set up to assist families belies the intent. No system is in place whereby children receiving public assistance are routinely seen or inquired about, except for purposes of defining income eligibility. The provision of preventive services through recent state and federal legislation has not proceeded in a planful manner so that families in need of such help receive it usually by happenstance.

The provision of foster care in New York City is particularly troublesome too because 60 percent of the children now under care are Black. An astounding figure when one considers that the Black population in New York City is 25 percent. Certainly the current functioning of the foster care system is a clear example of how poverty and racism severely damage young lives.

Next year, the Congress will be called upon to review the recent legislation on child welfare and foster care (P.L. 96–272). I would ask that the Select Committee look closely at that part of the legislation which established a cap on foster care expenditures.

Today over 32,000 children live in foster care in New York State, of which 19,000 live in New York City. About two-thirds of these children come from very poor families and are eligible for federal aid. Federal contributions under Title IV-E amounted to one-third of the $350 million New York spent last year to care for children away from their homes. Contrast this figure with the $53 million expended for preventive services to enable struggling families to care for their children at home, more than 80 percent of which came from state and local coffers, and you will begin to see that the pattern of federal spending has not followed the path marked by the major policy goals of the Adoption Assistance and Child Welfare Act.

In part, the goals of the Chair and the other members of this Select Committee, who worked hard for the passage of the legislation, have been thwarted by the major reductions in the Social Services Block Grant; and by the failure of the Congress to appropriate the full entitlement amounts under IV-B. For this, and for other reasons which you will need to explore, the preventive service programs, that you correctly saw were needed to support families through periods of extreme stress and to reduce the time that children spend away from their homes, have not developed. Although state and local governments in New York and elsewhere have committed additional resources to preventive services, no real progress will be made so long as the program has no sound footing in the federal budget. Good programs will be found and their successes trumpeted; but no real system able to respond to the very serious problems of poor families will develop.

---

[4] Ellen Baxter and Kim Hopper, "Private Lives/Public Spaces" (Community Service Society of New York, February 1981).

We ask that you consider carefully during the coming year the experience we have had under P.L. 96–272, so that Congress can make its best determination for meeting the intent of the legislation: to enable families to care for their children at home.

We should all recognize that parents have needs other than income. They need social supports, as they struggle to balance work and family responsibilities. Certainly, the parents who seek to support their families through working need assurance of a safe and relatively low-cost place to leave their children during the day. Most attention is given to preschool services, but services for school-age children are needed as well. Latchkey children are not a new phenomenon, but their numbers have multiplied now as more and more women move into the marketplace.

Last year CSS published a study which described the efforts poor families made to secure day care for their children.[5] Despite many hardships, most of the families sought to maintain themselves with only a modicum of public aid. From them, we learned that about 20 percent were leaving their children alone part or all of the day while they worked, or they stretched their income to the breaking point to pay for private child care. They were often late to work or absent, which they could ill afford. "Even so, they struggled to meet the demands of home and work, with less money than most and, frequently, with no support from a spouse, families or friends." [6] The median income of the 211 respondents was $7,830 and over 29 percent were on public assistance; average family size was 2.9 persons.

In the study, we found that, not only were children being left alone, but also, in some instances, older siblings were being pressed into service to look after their younger brothers and sisters. In effect, these children were providing an inkind subsidy to the family. Few studies document the consequences of long periods of unsupervised care by adults upon children or the sometimes heroic demands placed upon these youngsters to make decisions when their parents are not available. Certainly, we can speculate about the risk of emotional problems substance abuse, delinquency, or premature sexual involvement of school-age children left alone. Compared to the potential costs of these risks, increasing after-school services is a small price to pay indeed.

Unsupervised children is but one manifestation of the growing isolation that children experience in this society. I am certain that other witness have testified about how lonely many children in the United States actually are. Consider for a moment, if their parents are working and away from the home for much of the day, their most usual contacts are within their own age group or with authority figures such as teachers. Most expand their knowledge of adult relationships through the television screen.

Some of the families in the CSS Day Care study spoke tellingly of the isolation they, along with their children, experienced in their day-to-day lives. Contrary to widely-held beliefs, few or no relatives and friends were nearby, either to socialize with or to help. Many of these had become parents as teenagers and had moved out on their own to start a new family.

The increase in pregnancy among teenagers has been well-documented, and its existence is now acknowledged among all classes in society. Years ago, marriage was the likely solution for teenagers pregnant out of wedlock, and the mores of the society were such that the couple usually stayed together whether they wanted to or not. Desertion or abandonment happened only to poor women, or so we were told. For teenagers who become pregnant today, other options are available. In New York City in 1980, for instance, 57 percent of the young women ages 10 through 19 who became pregnant chose abortion; most of the remainder gave birth, 77 percent of which occurred out of wedlock. Black teenagers are nearly twice as likely to give birth as White teenagers. The Black adolescent mother is likely to be triply handicapped—she and her child are subject to the increased risks associated with being Black, with being poor, and with adolescent pregnancy.

Academicians, social policy planners, community and religious leaders alike are stymied as to how to deal with this rising incidence of teenage parenthood and its consequences. I know that you have already held hearings so I will try not to repeat what you have already heard.

---

[5] Georgia L. McMurray and Dolores P. Kazanjian. "Day Care and the Working Poor" (Community Service Society of New York, April 1982).

[6] Ibid., p. ii.

One observation though. For many young and women, sexual freedom is one of the few basic human rights they have. It can be exercised without intervention by authorities or outside control. Adolescents are being asked to negotiate the adult world on their own, without adult guidance or supervision. (Remember our latchkey children?)

For adolescents who live in poverty, the adult world appears hostile and alien; certainly these adolescents, particularly if they are Black, recognize full well that opportunities for work and upward mobility are increasingly limited. It is within this context I believe that teenage parenthood should be viewed.

The implications for public policy are many. First of all, specific measures have to be taken to open up educational opportunities for young people, particularly women. With all the attention now on education and the changes some of us sought to liberalize school policies for pregnant teenagers, we find still that female students are trapped, by attitude or design, into traditional modes of behavior at a very early age. Despite the women's movement, pregnancy is still a valid reason for dropping out—from school and from work. In a study CSS conducted on youth employment several years ago, we discovered a group of such young women whom we called "the homebound".[7] Their school absenteeism had accelerated upon reaching adolescence, initiated by the need to stay at home to care for younger siblings, and there they languished, waiting for an appropriate suitor. As a consequence, some became pregnant.

Secondly, to assist young families now, the delivery of health and social services within neighborhoods needs to be radically altered. I would suggest that child and family centers be established which would provide continuity of care from the prenatal period through the first three years of life, with routine home visiting by a public health nurse to every family with a newborn in a neighborhood. Besides conducting health assessments, the nurse or other specially trained staff would determine the social circumstances of a child and family and refer them, as needed, to the appropriate income, employment, or child care resource in the neighborhood. If specialized services were needed because of a particular health problem or family dysfunctioning, then those services would be arranged for as well.

Once the child reached three years of age, the family would be connected to a preschool center with adequate child care arrangement, e.g. family day care as a backup. The health records of the child would be automatically transferred to assure continuity, and so the process could continue until the child entered regular school.

While such a scheme may suggest the need for massive new infusions of public funds, I would point out that with the various funds now available for maternal and child health, preventive services in child welfare, and social services generally, such a redirection could be implemented. Certainly, in view of the alarming increase in the numbers of poor children, the numbers of teenage parents, and the numbers of single-parent, female-headed families, piecemeal approaches toward the problems associated with these population changes will no longer suffice.

In summary, New York City today, despite the cultural renaissance in Manhattan, is becoming a bleak place to live for far too many children. They are growing up in neighborhoods of despair with a dim prospect of securing jobs to support their families when they grow up unless they are adequately trained and educated, and the barriers to employment, including racism, which persist in locking out their parents from any form of economic mobility, are removed. One third of New York City's children are poor by the government's own standards. Their parents are either on public assistance or have low-paying jobs. Increasingly, they are hungry and homeless.

We hope that the work of the Select Committee will provide the basis for redefining the national responsibility towards this nation's children.

---

[7] Dale Mann, "Chasing the American Dream" (Community Service Society of New York, November 1980).

TABLE 1.—TRENDS IN LABOR FORCE PARTICIPATION AND UNEMPLOYMENT RATES, NEW YORK CITY, BY RACE, 1971–82 [1]

	Labor force participation rate [2]			Unemployment rate [3]		
	Total	Whites	Blacks & others	Total	Whites	Blacks & others
Year:						
1971	56.4	55.6	59.9	6.7	6.4	7.8
1976	54.4	54.6	53.8	11.2	10.7	12.8
1980	55.6	55.7	55.4	8.6	7.7	10.8
1982	55.2	54.4	57.1	9.6	8.4	12.3

[1] Hispanics are included in "whites" and "blacks and others".
[2] As a percent of civilian noninstitutional population, 16 years of age and over.
[3] As a percent of civilian labor force.

Source: U.S. Department of Commerce, "Current Population Survey."

TABLE 2.—RECENT TRENDS IN LABOR FORCE PARTICIPATION AND UNEMPLOYMENT RATES AMONG NEW YORK CITY'S TEENAGERS BY RACE

	In thousands				In percent	
	Civilian population	Civilian labor force	Employment	Unemployment	Labor force participation rate	Unemployment rate
1977:						
Both sexes, 16 to 19	502	161	112	49	32	30
Whites	315	116	89	27	37	23
Blacks and others	187	45	23	22	24	49
1981:						
Both sexes, 16 to 19	487	151	108	42	31	28
Whites	299	109	83	26	36	24
Blacks and others	188	42	25	16	22	38
1982:						
Both sexes, 16 to 19	480	134	92	42	28	31

Source: U.S. Department of Commerce, "Current Population Survey."

TABLE 3.—PERCENTAGE OF POPULATION BELOW THE POVERTY LEVEL IN NEW YORK CITY BY RACE AND AGE, 1969, 1979, AND 1982

[As a percent of total population]

	1969	1979	1982
All persons, by race	14.6	20.0	(1)
Black	23.5	31.5	(1)
All other	12.2	16.8	(1)
Exhibit: Spanish—origin	27.2	35.7	(1)
All persons, by age	14.6	20.0	25.8
Under 65	13.6	20.8	27.6
65 and over	21.8	14.3	14.0

[1] Not available.

Source: U.S. Census of Population, 1969 and 1979; 1982 Estimate by CSS.

TABLE 4.—CHILDREN IN NEW YORK CITY FAMILY SETTING 1960–80

[In thousands]

Family Setting	1960		1970		1980	
	Number	Percentage	Number	Percentage	Number	Percentage
Total	2,167	100.0	2,244	100.0	1,736	100

TABLE 4.—CHILDREN IN NEW YORK CITY FAMILY SETTING 1960–80—Continued

[In thousands]

Family Setting	1960		1970		1980	
	Number	Percentage	Number	Percentage	Number	Percentage
Female-headed families	242	11.2	436	19.4	590	34
Other families	1,925	88.8	1,808	80.6	1,146	66

Source: U.S. Census Bureau.

TABLE 5.—RELATED CHILDREN UNDER 18 YEARS OF AGE IN FAMILIES WITH INCOMES BELOW THE POVERTY LEVEL

[In thousands]

	1970	1980
Bronx	135.7	142.6
Brooklyn	206.6	231.2
Manhattan	88.4	90.9
Queens	43.1	75.6
Staten Island	5.9	11.2
New York City	479.7	551.5

Source: U.S. Census Bureau.

TABLE 6.—POPULATION CHANGE IN NEW YORK CITY BY RACE AND ETHNICITY AND FOR SELECTED AGE GROUPS 1970–80 AND PROJECTED TO 1990

[In thousands]

	1970	1980	1990
Total population	7,895	7,071	6,911
Under 5	616	471	495
5 to 14	1,256	953	870
15 to 24	1,252	1,167	931
15 to 19	602	563	434
20 to 24	650	604	498
20 plus	5,421	5,085	5,112
65 plus	948	952	993
White (non-Hispanic)	5,002	3,658	2,953
Under 5	291	157	155
5 to 14	610	340	256
15 to 24	749	500	301
15 to 19	342	214	130
20 to 24	407	287	171
20 plus	3,760	2,948	2,411
65 plus	812	723	650
Black (non-Hispanic)	1,512	1,691	1,873
Under 5	155	142	162
5 to 14	333	301	296
15 to 24	256	327	291
15 to 19	136	176	139
20 to 24	120	150	152
20 plus	887	1,072	1,276
65 plus	83	118	173
Other nonwhites	177	315	496
Under 5	18	26	34

TABLE 6.—POPULATION CHANGE IN NEW YORK CITY BY RACE AND ETHNICITY AND FOR SELECTED AGE GROUPS 1970–80 AND PROJECTED TO 1990—Continued

[In thousands]

	1970	1980	1990
5 to 14	31	43	57
15 to 24	33	64	72
15 to 19	16	31	39
20 to 24	17	33	33
20 plus	113	215	366
65 plus	11	45	64
Hispanics	1,203	1,406	1,589
Under 5	152	145	145
5 to 14	283	270	261
15 to 24	215	279	268
15 to 19	109	144	125
20 to 24	106	135	143
20 plus	650	847	1,059
65 plus	42	66	103

Source: See table 5.

TABLE 7.—CHANGES IN RACIAL AND ETHNIC COMPOSITION OF NEW YORK CITY'S POPULATION BY BROAD AGE GROUPS 1970–80 AND PROJECTED TO 1990

	In thousands					As a percent of total				
	Total	White	Black	Other non-white	Hispanic	Total	White	Black	Other non-white	Hispanic
1970: Total population	7,895	5,902	1,512	177	1,203	100	63.4	19.2	2.2	15.2
Under 20	2,474	1,242	625	64	544	100	50.2	25.3	2.6	22.0
20 plus	5,421	3,760	887	113	659	100	69.4	16.4	2.1	12.2
1980: Total population	7,071	3,658	1691	315	1,406	100	51.7	23.9	4.5	19.9
Under 20	1,986	710	619	100	559	100	35.8	31.2	5.0	28.1
20 plus	5,085	2,948	1072	215	847	100	58.0	21.1	4.2	16.7
1990: Total population	6,911	2,953	1,873	496	1,589	100	42.7	27.1	7.2	23.0
Under 20	1,799	542	597	130	530	100	30.1	33.2	7.2	29.5
20 plus	5,112	2,411	1,276	366	1,059	100	47.2	25.0	7.2	20.7

Source: U.S. Census Bureau, 1970 and 1980. 1990 forecast by CSS.

TABLE 8.—POPULATION FORECAST BY TYPE OF NEIGHBORHOOD, 1980–90

[In thousands]

Tracts with:	Number of tracts	Population			Under 1		15 to 19		20 to 24		75 plus	
		1980	1985	1980	1980	1990	1980	1990	1980	1990	1980	1990
Under 10 percent poor	777	2,388	2,348	2,307	24	24	159	116	185	140	152	183
10 to 30 percent poor	855	2,882	2,895	2,907	40	40	209	170	251	183	170	196
30 to 50 percent poor	400	1,433	1,506	1,578	28	31	151	121	130	139	47	58
Over 50 percent poor	123	361	391	421	9	10	43	36	34	40	8	10
Total	2,155	7,064	7,140	7,213	101	105	562	443	600	502	377	447

Source: U.S. Census of Population for 1980 figures; 1985 and 1990 estimates by CSS.

TABLE 9.—DETAILED TRENDS IN LABOR FORCE PARTICIPATION AND UNEMPLOYMENT RATES IN NEW YORK CITY BY RACE, SEX AND ETHNICITY, 1970 to 1980

	Labor force participation rate [1]		Unemployment rate [2]		Employment/population ratio	
	1970	1980	1970	1980	1970	1980
Total:						
Male	74	69	3.9	7.7	70.1	61.3
Female	42	47	4.6	7.7	37.4	39.3
White:						
Male	(3)	71	(3)	5.9	(3)	65.1
Female	(3)	46	(3)	6.3	(3)	39.7
Black:						
Male	71	65	5.4	12.7	65.6	52.3
Female	46	51	4.9	9.8	41.1	41.2
Asian-Pacific Islands:						
Male	(3)	76	(3)	4.6	(3)	71.4
Female	(3)	60	(3)	4.1	(3)	55.9
Spanish-origin:						
Male	75	70	4.8	10.3	70.2	59.7
Female	36	41	7.0	11.9	29.0	29.1
Puerto Rican origin:						
Male	72	(3)	5.4	(3)	66.6	(3)
Female	29	(3)	7.4	(3)	21.6	(3)

[1] As a percentage of civilian noninstitutionalized population, 16 and over.

[2] As a percentage of civilian labor force.

[3] Not available.

Source: U.S. Census of Population.

Chairman **Miller**. Thank you very much, and we want to thank all the members of the panel for their testimony.

So much of your powerful testimony concentrates on the extent of problems faced by those who are poor, near poor, or the working poor. It would be difficult for any Member of Congress to sit here and still believe there exists a safety net. To continue to suggest there is a safety net for these people is to perpetuate a hoax.

Interestingly enough, most of your testimony centers on those who are still being served with little discussion about those who no longer are being served but remain eligible, for maternal health programs, etc. I am concerned as well for those children and their families that are no longer served. Only 57 percent are reached. Your panel has clearly established the extent to which changing budget priorities have hurt families and children.

I would like now to call on Congressman Weiss. Again, it is the intention of the Chair to enforce the 5 minute rule.

Mr. **Weiss**. Dr. Cocozza, you have spoken about the cutbacks in the Federal budget and the impact that they have had. Do you have any general, if not specific, breakdown as to the percentages of funds that the Federal, State and local government have provided for services to children and families prior to fiscal year 1981, compared to those percentages today, and whether, in fact, any of the cutbacks have been restored and to what extent by the State and the localities?

Then, if you would, tie it in with Ms. Block's statement that the block grant approach has not only not worked, but that the counties and the localities, and I guess perhaps even the State, have cut back further in the provision of assistance than the cutback in the Federal funding itself.

Mr. COCOZZA. I am not at this point prepared to supply you with specific percentages, although if that is something which the committee is interested in, I can certainly provide you with it.

Mr. WEISS. Maybe you can submit that for the record, if you would.

Mr. COCOZZA. Certainly. Let me try to respond to your question in general.

Clearly, New York State is, and has been, committed to providing services to children and families. One of the things that the State has tried to do, at least in certain areas, is to begin to compensate over the past several years for some of the serious Federal cutbacks affecting children and families. At the same time, and I think in agreement with what I have said, this has not been enough, nor do I think the State or the localities can do enough to compensate for the drastic cuts which have been made. Thus, while there has been an attempt by the State, particularly in certain areas, to compensate, this clearly has not been sufficient.

With regard to the issue of further cutbacks, and the response of localities, I think what you are seeing here—which is probably reflected in what is happening throughout the country—is the lack of certainty as to how to deal with the block grants. As a result of the uncertainty and the difficulty experienced in establishing priorities, certain areas are being cut even more severely in attempts on the part of localities or States to define other areas as higher priorities and, therefore, to shift additional funds into those areas. In general, the State has attempted to provide additional supports, but those have not been enough.

Mr. WEISS. Dr. O'Hare, you have touched on the tremendous needs that are not being met, indicating the percentage or the numbers of people who are eligible for programs as compared to the numbers who are actually served.

How would you respond to the argument that we get from the administration which takes a starting position 10 to 20 years back and says these programs have gone totally out of control, with a 10,000-percent increase in WIC, for example, over its level 15 years ago?

Dr. O'HARE. If you look at the numbers, you will see that there has not been a 10,000-percent increase over 10 years ago. One program, the maternal child health program, that appropriation in 1974, when Congress deemed it necessary to have one of those programs in each State, you will see that that has been cut and if you add inflation, which from 1975 to 1983, might represent as high as a 35 percent minimal inflationary rate, you will see that those programs have been slashed way below that.

Look at the CHAP program. You know you are serving 60,000. You know you have children unserved.

I think there is enough evidence on the other side of the coin, and we have the numbers to show you that. You made a comment about children that are not served.

That study in New York State showed children who were not served by ambulatory care services and ended up being hospitalized, and hospitalization represents a huge out-pouring of dollars rather than having put those dollars into preventive care programs.

Mr. **Weiss**. Thank you.

Thank you, Mr. Chairman.

Chairman **Miller**. Congressman Fish.

Mr. **Fish**. Thank you, Mr. Chairman.

Ms. Block, on page 4 of your testimony you discuss education and the subject of discipline in schools. A popular conception of the problems with those schools is the lack of discipline.

You say here that many of our youth are driven out of schools by academic failure or exclusionary discipline policies. In the next paragraph you refer to alternatives to suspension.

Would you care to elaborate on that, particularly alternatives to suspension?

Ms. **Block**. I think we have to look at the schools as not serving a large number of people who have handicapping conditions, and social adjustment-poverty related problems et cetera. They are still reaching out to the middle class and trying to serve only that average youngster and the result is that if a child brings to school the kinds of problems we have been talking about in terms of poverty, they are ill-served and the schools are not in a position to respond.

The schools have not been able to respond they do not have the social work or counseling assistance. They cannot duplicate the services that private and public agencies offer outside and most of the schools have not opened up to a variety of community-based support programs that help children to grow emotionally. So that when children have problems learning, have problems at home and they bring them into the school, frequently the teachers are unable, and frequently also unwilling to respond to help fully and appropriately to some acting out behavior.

We think from all that we have seen that the frequency of serious disciplinary problems in terms of violence is misrepresented by the media. We are talking rather of activities which disturb classroom learning, and for those activities we have noted over the years a tremendous amount of suspension, which affects the learning of those children. This means that they are being pushed out entirely, failing in that one institution, in which they test themselves as members of our society.

We also have seen a variety of very positive programs established across the country, particularly a few years ago, where there was some money and some emphasis on integration, et cetera.

We had as a result a number of programs which were very effective in giving children alternatives to suspension, keeping children in the classroom, and keeping children in the school and reaching them emotionally and helping them emotionally.

We see a lessening of such efforts in the past few years, as a result of the Federal cuts, the Federal deemphasis on civil rights, and the inactivity of the Office of Civil Rights. Today these suspensions, which are disproportionately affecting the minority populations, are not seen as a problem by OCR.

Mr. **Fish**. Is there an alternative punishment like washing windows after school or cutting the lawn?

Ms. **Block**. There are some schools that have developed very effective disciplinary alternatives. Another alternative is to start to relate to the children in a more specialized way to review whether, in fact, the kids have a handicapping condition or need a specialized remedial program that they might not be getting.

Some alternatives are punitive, because setting limits is to some extent a way that we help people grow, but I think there are other more creative approaches.

Mr. **Fish**. Ms. McMurray, you say there are ways in which a national policy of income security for all children might be developed which would insure that each child would have access to a certain level of income nationally defined, which would be available through continuing income or employment.

I wonder if you would care to elaborate?

Ms. **McMurray**. Certainly. We should all recognize that the United States now is the only industrial nation in this world that does not have a children's allowance. That may be a bad term to some, but what I am suggesting is that the time has come to look at ways in which we can provide, if you will, a true safety net for children and society by providing some level of income which would say that each child, living in this country, as a matter of right would have an allotment, whether it be $6, $9, or $12 a month, that would have to be set by the Congress. For those families who have income sufficient through employment to care for their children, the allotment could be recouped through the taxation system.

Several countries, particularly England, France, have a system whereby, through a pattern of unemployment insurance which is much more extended than what we have in this country, or through children's allowances, families are not subjected to shifts in the economy as in this country. Such allotments would require a major overhaul of our current family programs, though.

AFDC is an idea whose time has long passed. I think it is time to bury it, and to come up with something else.

Mr. **Fish**. Do you know where the committee might get a breakdown as to these practices carried on in other countries?

Ms. **McMurray**. Drs. Alfred Kahn and Sheila Kamerman at Columbia University have done extensive analyses of these programs. I am sure they would provide the information to you.

Mr. **Fish**. Thank you.

Chairman **Miller**. Congresswoman Boggs.

Mrs. **Boggs**. Thank you, Mr. Chairman.

I say to the panel, thank you all for your expert testimony. I suppose the recurring theme among your testimony is that we need continuity of care and, therefore, continuity of funding. We are very pleased to have your specific suggestions about legislation that is before us and about legislation that we should consider in the future.

I was very interested, Dr. Cocozza, about the foster care facilities that you emphasized and I noticed in this morning's press that Governor Cuomo has signed a bill that would allow inspection of foster care agencies.

Would you like to comment on that, please?

Mr. **Cocozza**. I think one of the general comments coming through all of the presenters today, and I suspect one that you will continue to hear, is the importance of prevention and preventive services.

I think for many of us it is not a question of paying now or not paying, but rather a question of do we pay now or do we pay later. Whether you are talking about jobs, teenage pregnancy, or any of the many issues that you have heard about this morning, it comes down to the fact that we can do a lot to avoid the problems, to develop independence for people, so that we don't end up with very costly services down the road, and with people who are dependent upon society.

One of the areas in New York which has been very important has been the foster care population. In New York, as you are probably aware, we have had an extremely significant number of children placed in foster care in the past.

As a result of the Child Welfare Reform Act, which I mentioned, we are attempting to reduce that population. In fact, it appears such a reduction is already beginning to happen.

I think, in general, one of the concerns that has existed with regard to preventive services is that, by virtue of their nature, it is extremely difficult to measure what is being accomplished. So I suspect on the Federal level as on the State level, when you say savings must be taken from somewhere, you look at those programs for which it is difficult to document their effectiveness.

In instituting the Child Welfare Reform Act within New York State, we were committed to also doing a very careful, high quality assessment and evaluation of those services. This was so that we would not only be putting our money there to try to avoid foster care placement, but also be learning what we need to know to improve the system to be sure that the dollars flow in the right directions.

As a result of that, a contract was let to a private foundation to do a very systematic and very comprehensive evaluation of the system.

The legislation which you refer to, which was described in some of the media this morning, has to do with insuring the access of the contract firm to the records. As a result of this effort, we will be in a better position to assess the Child Welfare Reform Act as a whole within the State, and to insure that whatever we learn from that assessment can be put back into the system in order that the State can continue to improve preventive services.

Mrs. BOGGS. I assume, Ms. Block, that you are very interested in the fact that legislation seems to protect the privacy of the young people.

Ms. BLOCK. Yes; I think that that particular piece of legislation may be important at this point simply to make a good assessment of the State's child welfare law.

We are particularly concerned that the lack of Federal commitment, although the legislation the Child Welfare and Adoption Assistance Act of 1980 is there, the funding is not—title IV(b) and IV(e). This has meant that the State's commitment to preventive services, which is a 75-percent reimbursement to the counties, has been consistently reduced. That the category for whom services are mandated has been consistently redefined until it now reaches only those at such high risk that they are almost in foster care already.

We are getting concerned about our ability, with the limited State dollars, to really be effective in helping the families. We do think that the figures which also show some population shifts and reductions, may mean that in some of the upstate counties, that have a tradition of not serving people, children are denied entry into the system so that the county can avoid the complex data collection and information.

So we are very concerned that the lack of Federal support has meant that the State's deep commitment to reduced use of foster care has been undermined. Children at risk may be receiving neither care nor supportive services.

Mrs. **Boggs**. Dr. O'Hare, do you have any suggestions of what we could do to plan for the removal of 43,000 children from the WIC program when the jobs bill finishes on the September 30?

Dr. O'**Hare**. It behooves all of us to see that Congress acts to continue that level of funding. It bothers me that we try and keep people away from the system that are needy, that we try to keep them away from receiving WIC child health services, prenatal care, when we know in the end these cost us more money.

I think a semblance of sanity has to come up where we find a realistic figure that we call a poverty level, and we can say we are willing to say that everybody should have access, particularly to preventive care, to this level of funding.

We say for housing it is this level, for WIC, this level, for health, this level, and the levels shift all over the board across the United States.

They have to shift to a certain extent because the cost of care in New York City and Brooklyn is higher than in Owego County or Iowa. But we have statistics to help us know what that level of poverty is.

In the city, we have high paying jobs that offset the many low-paying jobs that bring our poverty level in a funny place that doesn't always serve children.

If we could start by broadening the eligibility to children, why are we shutting them out?

Mrs. **Boggs**. Ms. McMurray, I feel I am talking to the patron saint of everything I have ever done in community life in addressing you.

The recertification process you have said is unduly difficult, is one of the greatest problems in my district, not only for families, but for people trying to work with the program.

Do you have any suggestions of what we can do to reauthorize and make certain that the recertification isn't so difficult?

Ms. **McMurray**. Congresswoman Boggs, I think we are saddled now with a perception about public assistance that translates into the kind of bureaucratic nightmare that all of us are aware of.

The means tested programs presume that a person or family who applies may be lying in order to get public aid, and as long as we give public aid begrudgingly, then we are going to set up all kinds of roadblocks to prevent people who are unworthy from getting help.

I think the time has come for us to break through that kind of public perception and talk about the fact that these programs are to provide help for underprivileged children.

Mrs. **Boggs**. I understand that, in my area, starting the first of October, food stamp recertification is going to have to take place on a monthly basis.

Is that your understanding as well?

Ms. **McMurray**. Yes.

Mrs. **Boggs**. Thank you very much.

Chairman **Miller**. Congresswoman Mikulski.

Ms. **Mikulski**. Thank you very much, members of the panel. I would like to compliment you on your crisp testimony to us.

I would like to focus for a few minutes on the issue of the homeless. Ms. McMurray, you invited us to go and tour some of the hotels, which Congressman Miller and I did last night.

We went to visit a hotel that serves 300 families in the lower end of Manhattan. I would like to ask a question about these hotels. Anyone on the panel should feel free to answer them.

Your testimony on page 5 describes quite completely the conditions there. In my own estimation, those conditions are really both the incubator and breeding ground of a future underclass in New York City.

I was shocked not only by the fact that families live in hotels, but I was somewhat taken aback that the rent for a family that lived in a hotel was approximately $2,000 a month, with an additional $500 a month supplement to eat in those fast food chains and pizza parlors that you have talked about.

That came out in my mind to be $25,000 a year for shelter, another $5,000 for inadequate food, and at the rate of 300 families, I estimated that it cost anywhere from $5 million to $7 million to house people at this particular hotel.

I don't think that that is a particularly wise use of government funds, and it would seem to me that for $7 million or the equivalent of $25,000, those families could find better housing.

Could you explain to me what are the public policy decisions involved that would pay $7 million for 300 families to live in a situation that guarantees that no matter how wonderful the mother, how super a father, how terrific the kids, they are never going to go anywhere and get out of this?

Ms. **McMurray**. Again, I think we are dealing with antiquated public assistance laws. Those families would not be eligible for that kind of routine shelter allowance if they were living in private rental situation.

It is a peculiarity of the law that permits that rate be paid to hotels ostensibly on a temporary basis, but as some recognize, temporary sometimes becomes permanent, particularly in New York City, given the nature of the housing market in New York.

Chairman **Miller**. We visited, one family, a woman and her six children living in three rooms, who had been there 18 months.

Ms. **McMurray**. That is right. It is virtually impossible to find decent rentable housing in New York City if you don't have any money. Even if you do, it is almost virtually impossible.

If you travel to some of these neighborhoods, you will see burned-out blocks and there is no incentive, as I understand it, for the private housing market to generate low cost housing.

Ms. **Mikulski**. Ms. McMurray, or any of the other panelists, four children and a female-headed household, would seem to be the predominant profile that we saw. What would be the housing allowance allowed under regular public assistance standards?

Ms. McMurray. $218 a month for a family of four. That is the maximum shelter allowance for New York City.

There is a difference for various counties, but in New York City, that is it.

Ms. Mikulski. So it would be $200 a month, and therefore, no one really does that, so when you are talking about low income housing, with an allowance of $200, there is no incentive for the private sector but there is incentive for the private sector to buy a hotel and charge $7 million, when, in fact, for $7 million it seems you could put up some pretty solid housing that would have a neighborhood and a school.

You are saying that the public policies reward the squandering of money and the squandering of resources, is that essentially it?

Ms. McMurray. That is correct.

Ms. Mikulski. If I may, Mr. Chairman, another issue, because we hear a lot about the way programs are funded in agencies rather than people. We hear about title IV's and runaways and Public Law 92 and 94.

Mr. Cocozza, what are we doing really to coordinate the agencies in a way that would make them focus on people at the point of delivery of the service rather than a bureaucratic turf warfare where everybody is fighting all kinds of titles?

Mr. Cocozza. That is a very important question. I am going to describe, to some extent, what we do at the council. I would like to highlight these activities for the committee because my hope is that you will, in fact, begin to do a lot of monitoring of the trends affecting children and families——

Chairman Miller. We are going to give you about 2 minutes to do that.

Mr. Cocozza. What we are learning through the council and other bodies that work with us is that, in fact, you can improve services, and provide more effective services. It is possible to get individuals and groups to not pay attention (or as much attention) to their own turf issues and their own agency's concerns, and scatter, to be concerned with the needs of children and families if this is done in a neutral and open forum and frame work. This is very much what the council tries to accomplish.

We have seen over the 5 years we have been in existence some very exciting things beginning to happen in New York City as well as in the rest of the State.

I mentioned in my testimony that a particular council project focuses on status offenders.

We were able to establish a work team on the State level consisting of all the State agencies involved in providing service to status offenders and juvenile delinquents. This team was able to work with local communities and the counties to establish human service subcabinets on the local level. These subcabinets resulted, for the first time, in people from various agencies coming into the same room to meet with one another to discuss common issues. They have been dealing with the same population, providing funds for the same populations. The key to this project has been bringing the State group together with the local groups to sit down and try to maximize the resources available, identify priority needs, and begin developing the programs that are needed.

Our experience is that it is, that interagency coordination is possible, I look forward to something more in the way of interagency coordination happening on the Federal level as a result of your particular committee.

Chairman **Miller**. Thank you.

Congressman Rowland.

Mr. **Rowland**. Thank you, Mr. Chairman. Dr. O'Hare, what percentage of teenage pregnancies are repeaters?

Dr. **O'Hare**. There are varying figures. We have a high group of repeat offenders, particularly those not receiving counseling or supportive care after the pregnancy.

It has been as high as 20 to 30 percent. We are not taking into consideration those with terminations of pregnancy along the way.

If you look at those statistics, and go underneath them, you will find it probably is high. Certainly because of housing, because of the lack of continuity of following through. We don't have nurses that visit all the homes.

We did in the 1920's in New York City. There was a visit to your home every time you had a baby. You had milk delivered, but we don't today.

Mr. **Rowland**. Of those that go to term, what type of family planning is given to these teenage mothers?

Dr. **O'Hare**. In many programs, if they are enrolled in a program, if they have sought early prenatal care, many of the programs in New York State have special counseling efforts, not only vocational, but rehabilitative plans for afterward.

There are high risk areas where the family planning counselor is at the bedside asking the mothers where are you planning to take your baby, do you have an appointment for the fourth week, and what type of contraception are you planning to use.

This is translated to the people within the hospital and then a follow-up appointment is set at 4 to 6 weeks after delivery.

There is an effort and in the programs where there is an effort, we certainly see a decrease in repeaters.

Mr. **Rowland**. You feel the programs are effective?

Dr. **O'Hare**. Yes. There are many other programs. There has been a program funded in which we are training community leaders, church people, parents, teaching them communication skills and asking them to run workshops within their communities and teaching them about discussing family planning, sexual reproduction with their children.

We feel if we can start this early enough and have a feeling in the community where people can go and ask questions—it is disturbing to find out the lack of knowledge if you talk about the teenagers.

There are two groups, those who know well what is going to go on and those who don't. Sometimes the lack of knowing where you will be in 10 years, knowing that at the end of the road it doesn't look much brighter, having a child of your own to this teenager is something important.

Mr. **Rowland**. Do you have any thought about teenage pregnancies and what might be done to reduce the number, Ms. McMurray?

Ms. **McMurray**. As I indicated in the testimony, if you are going to start at adolescence, that is too late. I have been very much concerned about the way our public education system operates. Young girls, particularly poor girls, are trapped into motherhood from elementary school on.

Those of us who have worked in the schools have discovered they think if you get sick or are pregnant, it is all right to drop out of school. Young girls need information on how women can have options and to make that concrete by making the opportunities available.

I don't think there are any easy answers in a free society.

Dr. O'**Hare**. I think we need some role models. The role models we have, we read the newspapers every day and watch television and look at what happens in the world. I think we need better role models than we have had over the past decade.

Mr. **Rowland**. Thank you, Mr. Chairman.

Chairman **Miller**. Congressman Morrison.

Mr. **Morrison**. I would like to thank all the panelists for what I think has been very effective and dramatic testimony.

In Washington these days there is much too much of a tendency to say that we can't afford the social expenditures that we are already making. I think your testimony says dramatically that we can't afford not to solve these problems, that the costs of ignoring them is so much higher.

Along that line, Dr. O'Hare, you spoke about dramatic cost savings, in fact, that are really available by prevention strategies.

I wonder if you could give us any guidance on how to enlist the different elements of the service systems in working toward those cost savings.

One of the things that occurs to me in listening to your testimony is that there are different elements or different institutions that, perhaps to use the wrong word, profit from the expenditures. Crisis care occurs in hospitals, preventive care occurs in clinics, and there are different elements and different driving forces.

Are there any ways that we can get at the problem to try to make the cost saving everybody's business?

Dr. O'**Hare**. One of them is to look at what we are funding and what we are funding without asking many questions. That is the first place I suggest starting, perhaps to look at funding adequately ambulatory care.

Instead of having fiscal eligibility for each program, I suggest we implement one that is more realistic. I think ambulatory care should fit into an overall pattern to tertiary care.

Isolating small units sometimes leads to care that is not necessary, where if it is part of a satellite area, so that we don't repeat tests. In the MIC program here, when we register a patient for prenatal care, that first visit they register at the hospital that they are going to deliver at.

They know that hospital, if there are antinatal complications, they have a copy of the patient record there. You don't need to duplicate the tests, thereby making that a less expensive hospitalization.

They are aware of the patient's needs already. That kind of a networking system. I don't think we should pay for any prenatal care where the physician in charge doesn't say, yes, I am going to take care of you from the time you come in to 6 weeks after you delivery to insure that your infant is being taken care of.

I think these types of steps certainly could be outlined and I think handicapped children's care, certainly, needs to have a tertiary center, at least, looking at it and looking at the quality of care.

I think one of the best moves ever made in the United States was that of congenital heart disease. Our regional congenital heart disease programs started in crippled children's programs across the United States.

These are models that work. This is what we expect the outcome to be, and they monitored the hospitals. The hospitals that had higher death or complication rates were viewed carefully, and someone would say unless you improve on your performance this is not going to be acceptable or paid for.

So I think we have many avenues to approach this system in a more meaningful way.

Mr. **Morrison**. Ms. McMurray, one of the claims made in resistance to Federal funding and other funding for appropriate social welfare programs is a charge somehow that the social welfare system has created the problem that we are looking at the system that is the problem rather than a system trying to solve the problem.

It is certainly the case that we have a much bigger social welfare budget and social welfare system measured in any terms now than we ever had before. Yet, we seem to be falling further and further behind.

Could you give us any perspective on what the changes are out there in the world that are most important that we have to understand in order to explain why it is that our social expenditures are so much higher than they have been historically?

Ms. **McMurray**. I think it is commented upon frequently now: the rising number of families headed by women rearing their children alone. The fact that women earn less usually than men, about 60 cents to a dollar, means that we are burdened with caring for children with a very low income.

Again, there is no humane income support program that offsets the impact of these low wages. Women on public assistance that I know want to work. Many of them, however, started bearing their children when they were young. They did not complete their education.

They have not been trained. In a place like New York, if you are not trained, you cannot get a job.

So these women find themselves having to rear their children on public assistance. So if we are concerned at what is taking place in our social welfare programs today, and I believe we all have to be concerned about that, we must recognize that there is a growing number of women rearing their children alone. Without support from the fathers.

In minority families, many men cannot support their families because in New York City, again, most minority men cannot compete sucessfully in the labor market. So we find these families totally dependent on the public aid system. That is cumbersome and inadequate.

Chairman **Miller**. Congressman McHugh?

Mr. **McHugh**. I want to join with my colleagues in thanking you for your testimony.

Ms. Block, you spoke about day care. This is one of the areas that has been hurt by the budget cuts.

We have heard from many of you that the impact of budget cuts and the degree of the problem is greater in New York City than upstate and across the country in many instances.

Strikingly to me as an upstate New Yorker, with respect to day care, you have indicated that really the loss of day care is much greater upstate percentage-wise than it is in New York City.

I would like to ask parochially if you can tell us why that is so.

Ms. **Block**. We have a different tradition, unfortunately, in upstate New York, and that tradition is more punitative toward single parent families. In addition, it is generally less giving of local tax dollars.

The one area in our State social service budget which potentially takes a lot of social service dollars, but is not mandated under State or Federal law is day care, so that, in effect, if the local districts wished not to expend or wished to hold down their own expenditures, as Monroe County did, to the level that they were spending 2 years ago, they could do so by simply cutting out day care and the State would say nothing.

There was no policy that said that counties had to provide a certain level of day care for the working poor or for children who are having children to assure that they go through high school.

So a result of this lack of policy and the result of the lack of block grant targets on child care has meant that the upstate districts have been able to cut it out. Monroe County was able to cut $1.2 million in day care support.

They had a sizable program of income eligible day care and now have nothing. They did that when they had only a $400,000 cut in title XX, and they were able to say they were cutting because of the Federal title XX cutbacks and get away with it because the State had not created a requirement for day care.

Moreover, even when new monies come into the State—for example, in the instance of the Federal monies that came through under the Emergency Jobs Act, where Congress had said we want you to spend the $13 million within it on social services targeted for New York State—we could not, after battling for months, get the State to target that money as Congress seemed to intend, for child care.

We lost that battle because the many strong constituencies in the State fight for a variety of other things, and children simply don't vote so that when you end up fighting for child care, you cannot create as potent a constituency today as we would like to.

Mr. **McHugh**. One of the other areas you spoke about was treatment of juvenile offenders. Apparently, according to your testimony, in New York State 16-year-olds can be locked up and, in fact, are locked up with adult offenders.

Ms. **Block**. We have 3,000 in our State. They always have been. Four States do this.

When we adopted a harsh law—the juvenile offender law—we became very, very harsh indeed.

Mr. **McHugh**. This is an area where you suggested some change in the Federal law. There is a law which prohibits youthful offenders—what is the term in the law?

Ms. **Block**. It is the co-mingling of juveniles with adults in prison, but because we define juveniles as only to 16, it doesn't help us much here in New York State.

Mr. **McHugh**. So the Federal law should be changed to specify the age, not the category?

Ms. **Block**. Age, as well as category. If they said age, yes, we would be affected, and it would mean that we would have to have a juvenile system that affected people up to 18.

Emotionally, most of these people are juveniles.

Mr. **McHugh**. On the WIC program, which you indicated, Dr. O'Hare, is a very important and cost-effective program, and one which the administration has tried to cut back on, we, in our House appropriations bill, which has now passed the House, have attempted to set the level of funding to maintain current services, including the jobs bill money which is available in 1983. That has to be worked out with the Senate and the administration is quarreling with us, so it is not firm and final yet, but I think that there is a real bipartisan commitment on the House side, at least, to try to maintain current services and participation.

Chairman **Miller**. Congress is slowly coming to the understanding that pregnancies don't have fiscal years. We've come to understand that people don't just get pregnant 9 months before October 1.

Dr. **O'Hare**. They don't stop it.

Chairman **Miller**. If we keep this up, maybe people will change their habits.

Dr. **O'Hare**. I am concerned about the jobs bill money. I would like to share with you my concern.

The jobs bill money was given to the States in perhaps—it was needed, but in such a manner that it makes it difficult if you are going to continue the level of funding at the level at which you are serving people when you start the new budget.

I say that because that money was given to the States maybe 5 months before the end of the fiscal year, but not given to the providers until much later and some of the providers have been reluctant to accept that because it meant so far you couldn't carry it over and there would not be this level of service in the following year, which does nothing except confuse the people who are using these services even more.

Why am I suddenly on it, then off it, then on it. They have enough things to worry about besides WIC, housing, health care on or off.

It is very important, and I urge you, if you have an opportunity, that whatever level you decide, carryover money should be permitted and not just base it on numbers that people like to stop there.

I also urge you to put through the increased maternal and child health appropriation while you are at it.

Chairman **Miller**. What do we look like, Santa Claus?

Dr. O'**Hare**. I hope so.

Chairman **Miller**. I think Congresswoman Boggs wants to say something, since the child care amendment to the jobs bill was hers. She will tell you what was intended.

Mrs. **Boggs**. The big problem with the original jobs bill was that it didn't seem to contain anything for women and children, but we were able to amend the bill in order to make certain that social services were included.

So we were unfortunately late in the calendar year and in the fiscal year in being able to pass an emergency bill. Of course, that is why the funds are coming so late to the local areas.

I would hope that we would be able—Mr. McHugh and I are both on the Appropriations Committee—to make certain that any carryover funds can, indeed, be used.

Also, that they will not be counted against your appropriation for next year.

Dr. O'**Hare**. Thank you.

Chairman **Miller**. Thank you very much for all of your testimony.

If I could just ask you, What percentage of the eligible children within New York are not being served by one or more programs?

Dr. O'**Hare**. We would all give a guess. None of us have exact numbers, and that is why we are very careful.

The only numbers we have are the programs that do mandate some number counting. If you look at CHAP, you get one number.

Chairman **Miller**. Could you give this committee the numbers for the programs where counting is done?

Dr. O'**Hare**. I did in some of my testimony.

Chairman **Miller**. Obviously, WIC is one where there seems to be eligibility data available for most States, because many of the eligible have signed up even though they are not being served.

I think that would be very helpful to us. We should be equally concerned for those individuals and families that are not being served by federally mandated programs.

Also, I think it would be very helpful, since we did make this site visit last night, if the committee could be told exactly what the rules and regulations are that require us to engage in the kind of financial gimmickry that Congresswoman Mikulski outlined.

According to testimony, we are talking about using up almost 10 years of housing allowance for these families in 1 year. We would like to, again, see where the responsibility lies for that decision.

Already this morning we've seen the value of this committee having members from different committees. You have raised for Congressman McHugh and Congresswoman Boggs many issues to take back to the Appropriations Committee. The maternal and child health issues you raise touch the Commerce Committee. The questions of who is in lockup facilities will obviously touch the members of the Judiciary Committee as well as members of the Ways and Means Committee.

Thank you very much.

We will now hear panel No. 3. I would appreciate it if Mrs. Carlisle, the chair of the Maine Juvenile Justice Advisory Board, would join this panel. We will take a 5-minute break here to give the committee a chance to stretch.

[Recess.]

Chairman **MILLER**. The committee will come back to order. Please take your seats.

The next panel we will hear from will deal with families, children, and youth in crisis.

I would first of all like to welcome members of this panel. Again, your statements will be placed in the record in their entirety. The extent to which you can summarize them and keep your statements to 10 minutes would be deeply appreciated by the committee.

We will start with Kathy Goldman. Please identify yourselves for the reporter. We will hold our questions until the panel is finished. Thank you very much.

STATEMENT OF KATHY GOLDMAN, DIRECTOR, COMMUNITY FOOD RESOURCE CENTER, NEW YORK CITY

Ms. **GOLDMAN**. My name is Kathy Goldman. I am director of the Community Food Resource Center in New York City, which is a small advocacy organization that concentrates on hunger issues in New York City. We have been asked to provide some data and insight into a specific aspect of the current economic and social crisis; the issue of hunger.

In discussing this testimony with my colleagues who I work with, the staff of the Food and Hunger Hotline and others, we boiled it down to two main points. Hunger in New York City has reached crisis proportions for two basic reasons. One is the failure of Federal food and other assistance programs to reach the number of people in need, and, two, the failure of Federal and/or local programs to provide adequate benefits even for those people who are receiving them.

I would like to give a couple of specific examples. The WIC program, a program to provide supplemental nutrition for women, infants, and children, while it is true it is reaching a lot of people, just the concept of pregnant women being on a waiting list is so ridiculous, the fact is that we are reaching 115,000 of the approximately 300,000 people eligible in New York City. It is ludicrous to say that pregnant women should be on a waiting list or infants. If they do not receive the proper nutrition, the damage that will be done in the first 2 years is irreversible. How can they be on a waiting list? It is absolutely unconscionable that this exists, even though we say that is better than most of the programs in terms of who they reach.

If I may comment at this point, Congressman McHugh mentioned that there is considerable effort on the part of Congress, which we welcome and applaud to try to keep this program at the level that it is, but the fact is that the USDA, which runs the program, is busy proposing regulations which we just saw last week which are going to really undermine what Congress wants to do, and essentially is setting up a situation where those States which have not used WIC as well as other States are going to be receiving more funding, so for example this looks good for California, but

New York will lose money, about $20 million is our estimate, so it is great for California, miserable for New York, and in the long run the money that used to be reallocated, if there was money that was not used and it was returned it was reallocated to States in some equitable fashion. Now the proposal is that it would be reallocated again to those States to try to achieve equity.

The idea is that it should be an entitlement program and any people who are eligible based on income and nutritional need, any pregnant women, any women who are breast feeding who need the help should get the help wherever they live, it is irrelevant, and not start pitting us against each other. This is the kind of way that USDA very often through regulation goes around the will of Congress.

The issue of food stamps, which is the basic program in addition to welfare that is available to the majority of people—it is estimated that we have lost 750,000 people who have had their benefits reduced in this city, and 50,000 households who have been receiving food stamp benefits prior to the Reagan administration cuts, that is half the number of families who are cut off the program. These are families who are not also receiving public assistance. And again, I will tell you, in all honesty, when I was preparing the testimony for this hearing, it sounds ridiculous because I wrote half the things I was looking at again and I looked again at figures from the East Harlem Interfaith Council, which is a group of churches and agencies—you start looking at these figures and for some reason it began to hit, the kind of questions that Congresswoman Mikulski was asking, there is something so wrong that when you start talking about fixing it a little bit or putting it back to the level that it was before the administration cut it even further, but that level was no good either.

The fact is that the majority of people who have every possible income support, who cannot find work and who have every possible income support, the most that they could possibly put together if they got everything is somewhere between $7,000 and $8,000 annually. You cannot—for a family of four—you cannot live in this city on $9,000 a year, and the fact is that even if you could for 1 year, what I guess I am trying to get at is if you could make it for a month on the food stamp allocation or for a month or two or a year, it is not that that year is over and something better is going to happen. It is just going to get worse. There is just no hope for so many hundreds of thousands of people in this city, not a few, hundreds of thousands of people who are faced with this kind of hopeless situation, and you cannot possibly purchase on a regular basis nutritional meals for a family of four in this city on an income of under $9,000. It is impossible.

And the result is that you know, in thinking about it and talking to people about it, yes, we have wonderful churches and agencies that have responded to this need. We now have 54 soup kitchens, large ones that are functioning in New York City that are registered with the Food and Hunger Hotline and other places they can send people. We have over 100 emergency food pantries where people have to go when they completely run out of food, and that happens very often to families. They just do not have enough to last them. It is not even our agencies that really make the difference. The difference is made by people's families, friends, neighbors, people that are not willing to see each other starve to death.

Attached to my testimony are a few pages from the Interfaith report which I refer to because it is so devastating and so well-documented—when they say—this is a situation where they document the people who actually show up someplace, not those people who never get there. We are talking about those people who come to a church because they have run out of food, who come to an agency because they have nothing left. When you read that 23.7 percent—I must say that they used to keep figures on everybody that came in, but they stopped keeping figures on individuals, on single people. They only now keep figures on families, families that are coming to them in desperation. And the social worker sits there and says did you eat yesterday or the day before or the day before that? And some people will say no, or I had something to drink but nothing to eat, and 23.7 percent of people sit at that desk and admit that they begged or stole in the previous month.

What are we coming to with this kind of situation? I end up feeling that for me to say to you, put back the food stamps to where they were or that 40,000 children were dropped out of the school meals program, are no longer eligible for free meals in New York City, that is more people than you have in a lot of cities in this country, and I start thinking of all of these things that I am saying to you, from my point of view, I watch a MX missile going off, and if you used just the money from one of them you could probably solve a lot of these problems. I suddenly found myself overwhelmed with the entire situation, and I realize I am supposed to be relatively dispassionate and give you a bunch of figures, but I just cannot do it.

I will close and say again I have lots of figures and I know all the data, but I really feel that the only reason that we do not have people literally starving in the streets of New York is because of their own family, friends, and neighbors and the few agencies and churches that can manage to give help. But we have poor people helping poorer people, and it is the only reason you have people staying alive here.

Chairman MILLER. Thank you.

[Prepared statement of Kathy Goldman follows:]

PREPARED STATEMENT OF KATHY GOLDMAN, DIRECTOR, COMMUNITY FOOD RESOURCE CENTER, INC.

My name is Kathy Goldman, and I am the Director of the Community Food Resource Center in New York City. We have been asked to provide some data and insight into a specific aspect of the current economic and social crisis—the issue of hunger. In discussing this testimony with my colleagues, the staff of the Food and Hunger Hotline and others, we boiled it down to this:

Hunger in New York City has reached crisis proportions for two basic reasons: (1) the failure of federal food and other assistance programs to reach the number of people in need and (2) the failure of federal and/or local programs to provide adequate benefits to those who are reached.

Some specific examples of the first problem—not reaching enough people. WIC is supposed to provide nutritional supplements to pregnant women and women who are breastfeeding, and to children up to 5 years old. We estimate that about 300,000 are eligible—and about ⅓ are being reached. We have pregnant women on waiting lists to receive nourishing food. We have anemic babies waiting. The damage is done before they are ever reached by these program benefits, despite the proven value of WIC in terms of prevention. Even if the government wants to disregard the human element, from a strictly cost-effective point of view, providing nutritious food to pregnant women, infants and young children will prevent severe brain damage, retardation and other consequences which will require costly medical care for decades.

Food stamps—it is estimated that since 1981 food stamp benefits for 750,000 people have been reduced. In the past two years half the households not on public assistance who were receiving food stamps have been dropped from the program. That is 50,000 households no longer receiving food stamp benefits.

Child care—prior to cuts imposed by the Reagan Administration, day care centers were permitted to serve up to 5 meals daily to children in their care, under strict rules about the number of hours between meals.

The meals were breakfast, lunch, dinner and a morning and afternoon snack or supplement. This has been cut to two meals and one snack. Children 3 to 6 years old receive less nourishment. In addition, in many cases kitchen staff is cut and less fresh food can be prepared. Another aspect of the Child Care Food Program that is rarely mentioned is the afternoon meals program that provided a snack and dinner for the children up to 18 and now is available only to those below 12 years old. Many programs have discontinued it altogether because they cannot feed some of the youngsters and not others. Teenagers in homework helper, dropout and other educational and recreational programs are denied needed nourishment.

School meals—we in New York City have such a massive program—nearly 500,000 eat lunch and 100,000 breakfast—that many assume we are reaching everyone. But in reality tens of thousands more are eligible and need these meals. In 1982, 40,000 children were dropped from free meals in the program due to the effects of new regulations. The only reason this is such a low figure is because of a massive outreach effort conducted by advocates, the public employee union (Local 372, District Council 37, AFSCME) and the Board of Education. Similarly, the Summer Meals Program, that much maligned program that provides crucial nutrition to children during the months that school is closed reaches 200,000 children only because we outsmarted the new regulations and do massive outreach.

With all that, the program only reaches one third of those eligible. While this hearing is not concerned specifically with the elderly, we believe that families are affected by the fact that of the estimated 300,000 elderly persons living below (many far below) the poverty level, less than 50,000 receive the benefits of Nutrition Programs for the elderly. We think these examples show clearly that there are hundreds of thousands of families and individuals in New York City who are eligible but do not receive the benefits due to lack of Federal funds.

The second major point of our testimony is that even if families and individuals receive every possible benefit of all the Federal food assistance and welfare benefits, they cannot possibly live a decent life. They can barely survive from day to day. This situation did not begin with the Reagan Administration. It has become worse in the past two years, larger numbers of people are affected, and it is more visible.

If a family of 4 in New York City received the maximum in all public assistance and food assistance benefits their income would be below $9,000. Given the cost of rent, utilities, food, clothing, in this city, it is impossible for that amount of dollars to cover necessities. We are talking about hundreds of thousands of families and individuals, over 500,000 children barely surviving in this city. What has been the response? Federal cutbacks and regulations have made it worse. Local administrative rules and attitudes have further exacerbated the problems.

Only family, friends, neighbors and communities have prevented massive homelessness and starvation. Families are taking in other families, even in public housing. When, as frequently happens, people are cut off from food stamps and/or welfare benefits, due to purposeful and accidental bureaucratic foul-ups, neighbors and friends provide food. It is when all these resources of the poor helping the poor are used up that families in desperation call the Food and Hunger Hotline and find their way to an emergency food pantry or soup kitchen. There are now 54 soup kitchens in New York City, and over 100 emergency food pantries.

The Salvation Army expects to feed 1 million meals this year, double last year's number. Children's Aid Society is now feeding hundreds of families at dinner programs in response to the overwhelming need. Volunteers in churches, community groups and organizations work long hours because they refuse to watch their neighbors suffer. The report last April, 1983, by the East Harlem Interfaith Committee, a group of churches and agencies, is more than eloquent—it is heartbreaking and terrifying. We are attaching 3 pages and urge the committee members to obtain and read the entire report. And when you read it, try to translate those numbers into real people. What must it mean when 23.7% of the people responding admit that they either begged or stole to provide food to their children before they came to that church? We have to try to understand what "endemic" and "systemic" mean in real terms. We are not talking about families who have low or no income now and something will change. It is getting worse. They have no hope. They will never have jobs, a decent home or a level of income which makes it possible to know that you will have food to eat the next day. We have to try to understand what the thousands of people who call the Food and Hunger Hotline have gone through before they make that final desperate attempt to find a place where they can take their children for a meal.

How do we move from this reality to suggestions that can make a change in the lives of the people we are trying to represent? It is overwhelming. How do we address the insanity of the billions for arms, or for actions in Central America? How do we address a government that spends 15 billion dollars annually to support the dairy industry, but wants to cut nickels and dimes from people who have nothing? How do we address a government that permits millions to live in such misery? Once again, we testify and suggest minimal changes that we hope will ease the situation slightly for some people.

Some of those suggestions will be detailed in a report which we will submit within the next two weeks, but let me mention a few items: WIC—the WIC program must be an entitlement program, so that all women, infants and children who are eligible and in need can be reached. We also are convinced that the Commodity Supplemental Food Program, which provides food rather than coupons, should be expanded and funded, to help reach that same population.

Child care—should be restored to the 5 meals previously permitted, and the after-school program age limit restored to 18 years old. In addition, reimbursement rates should be raised in this program. School meals—income eligibility levels should be restored (at least) so more children would be able to participate in the free and/or reduced price programs. Also, the deductions which were available to families for various types of hardship—fire or other loss, costs of medical and/or educational support for handicapped children, etc., should be restored and taken into consideration in determining eligible income.

There are many specific problems with monthly reporting and other new regulations in the Food Stamp Program which have cut many people off benefits, or lowered benefits to others. However, it really is inadequate to suggest a return to pre-Reagan Administration levels. There must be a reassessment of what people really need in order to begin to survive and then to begin to move to a level of support to enable them to live decently without fear of hunger and homelessness.

This requires a commitment to great change that we do not believe exists in our government. We hope that this committee sees as part of its role the need to press for fundamental changes that will alter the course and affect the lives of the millions of people in our city and country who live without hope.

FACT SHEET NO. 3, APRIL 1983, EAST HARLEM INTERFAITH WELFARE COMMITTEE

A Summary of Findings and Recommendations from the Committee's Fifth Hunger Survey:

THE TYRANNY OF INDIFFERENCE AND THE MYTH OF A CARING SOCIETY IN 1982

Introduction

The Welfare Committee's most recent survey of household food emergencies in East Harlem shows that the acceleration in requests for food experienced by its member agencies in 1981 continued through 1982: (1980: 130; 1981: 1,057; 1982: 2,330). A recent tally shows that the rate of this acceleration has not abated during the first four months of 1983.[1]

The following are among the findings from this study:

Of the individuals who came to one of the welfare committee agencies for food for their households, 26.4 percent (108) reported that they personally had had nothing to eat or drink since the day before; 4.2 percent (17) reported that they had been without food or drink for 2 days prior to coming. Almost half of these individuals, 49.7 percent (203), reported that they had eaten no solid food the day they came, but had consumed liquids, while 19.6 percent (80) had both eaten and drunk something before coming for assistance.

More than half (56 percent) of the individual households had coped alone with the absence of a secure or dependable food supply for a minimum of seven days to longer than thirty days. Only 10 percent came to one of the welfare committee agencies to seek help on the first day of their food emergency. The remainder (42.9 percent) coped alone for two to seven days before seeking such help.

---

[1] For the purpose of the Welfare Committee's research, a food emergency exist when the representative of a household comes to one of its member agency for help and reports that the household is in imminent danger of or has already run out of food and money for food.

Iron deficiency anemia is a primary indicator of protein deficiency in the diet and of poor nutritional status. In as much as the number of study households in which at least one member was reported to have professionally diagnosed iron deficiency anemia increased 7.4 times from 1980 to 1982 (Including 2.5 times from 1981 to 1982), one may suggest that protein deficiency is an accelerating problem in East Harlem households in food emergencies. Since the cases which appear in our 1982 data probably represent only the tip of the iceberg or surface manifestation of diet deficiency, this finding is of deep concern.

Households with children in food emergencies which reported that they had had to resort to begging or stealing for food before coming to one of the committee's agencies for help also increased in 1982: 23.7 percent as compared with 3.6 percent in 1981 reported that they had begged; 10 percent as compared with 5 percent in 1981 reported that they had stolen food or money for food. For the first time since the Committee's surveys, of hunger began in 1979, a father reported that he had sold his own blood to have money to buy food for his children, and two mothers reported selling their outer clothing to have money to buy food during the winter months.

The causes of these human dilemmas

The experience of our Committee suggests that these human dilemmas occurred because of the following: the Reagan administration's budget and other economic policies; long-term rates of inflation and unemployment; governmental operations which fail or act against people at the local level; the severe shortages which exist in housing for low-income people.

Unemployment among marginally skilled workers continues at record high rates in New York City. The basic Welfare grant and shelter allowance, which unlike other kinds of entitled income are not indexed to the Consumer Price Index, would have to be increased substantially to provide adequately for the food, rent and other basic budget items they were designed over 10 years ago to cover in New York State.[2]

The administration of Welfare under Mayor Koch and the Human Resources Administration is progressively dehumanized in the interests of fiscal savings and accountability as the noose of narrowed procedures tightens further and further around the poor. At the Welfare Center, only Con Ed payments and rent—not hunger—are given priority unless a household has been burned out by a fire. The Human Resources Administration's "churning" campaign closes thousands of welfare cases each month for procedural reasons and then has to re-open them later because the same people are still in need and eligible.

This campaign alone results in savings to the City which are estimated to be $7 million monthly or $84 million annually. Our Committee estimates that this "churning" campain also results in at least 150,000 New York City children annually living for at least a month in the hunger and sometimes homeless conditions described in our Fact Sheet No. 2 above.

The families effected by these and other injustices in the Welfare system as described in the finding which follows are more vulnerable and at higher risk than the rest of society because their margin of maneuverability in crisis is much narrower than in middle income households and even than in those below them because of their restricted physical mobility with children. Because the members of our Committee believe that procedural requirements which foster hunger and homelessness in fiscally marginal households with children are simply unjust, they presented their Fact Sheet No. 2 on households cut off Welfare in 1982 to HRA's Commissioner Krauskopf on March 7 and asked him to take specific actions. As of this date these have not been forthcoming.

Our experience also suggests that unless specific legislative and administrative actions are taken immediately to provide for better caring for the needs of the most vulnerable among New York City low-income households, the number of hungry and homeless households with children will continue to grow.

---

[2] See "The In-Human Resources Administration's Churning Campaign" (April 1983 Tim Casey, Coordinating Attorney for Government Benefits at Community Action Legal Services (CALS), 335 Broadway, New York City, N.Y. 10013. To obtain a copy, write or phone: (212) 431-7200.

The purpose of this fact sheet

The purpose of this Fact Sheet is to provide a summary of the findings from our Committee's study of Food Emergencies in 1982 in East Harlem households with children and to build public support for the following recommendations which relate to legislative and administrative change at three levels of government and in the private sector.

Legislative action to increase Federal spending for Food Stamps, Welfare and housing and jobs for marginally skilled workers and their families nationally.

Legislative action to increase the basic Welfare grant and funding for housing and jobs for marginally skilled workers and their families in New York State.

Administrative action by the Koch administration and HRA to treat all Welfare case closings in New York City that are not for reasons of financial ineligibility as suspensions in which, if persons recontact to re-apply within a specified period of time, aid would go back to the date of the closing and be effective from the date of the re-application.

Chairman MILLER. Has Jean Adnopoz arrived yet? Apparently people are having transportation problems today.

Stella Horton?

STATEMENT OF STELLA HORTON, DIRECTOR, ALTERNATIVE SCHOOL, NEW JERSEY JUVENILE RESOURCE CENTER

Ms. HORTON. I really can speak without the use of a mike, but I will take advantage today.

Mr. Chairman and members of the select committee addressing children, youth, and families, thank you for providing me with the opportunity to speak to you today. My name is Stella Horton and I am currently the principal of a private school in Camden, N.J., entitled Juvenile Resource Center Alternative School. We address the needs of youth who have frequently had prolonged and serious conflict with the juvenile justice system and have been classified in many instances by child study teams of certain districts as socially maladjusted.

I would like for you to consider for a moment the following: crime, pollution, poverty, drugs, health, housing, hunger, the youth or the aged. What will take precedence? Of course of those items cited, it would be difficult to draw up a list of priorities. However, the public, particularly in Camden City, and in many other urban districts across the Nation, perceives an alarming need to address and respond to the needs of youth, and particularly those youth who are involved in the juvenile justice system.

There are mixed feelings and many emotions and attitudes of various communities, agencies, and the juvenile justice system about youth who exhibit criminal behaviors. What do you do with a youth under the age of 18 who has committed a crime? On the one hand there is the outcry, punish, to those of course who deserve it. Often this punishment is in the form of incarceration for the serious youthful offender.

We all understand that incarceration is quite expensive and in some instances must be done, but what about that percentage of youth who need not be incarcerated? After 80 years of attempting to put the interests of juvenile offenders first, a number of legislatures and courts have begun to place greater emphasis on protecting the public from violent young offenders and on imposing adult punishment on those guilty of serious crimes. There is a feeling that serious juvenile crime has been increasing and that something has to be done about it. Statistics compiled by the Federal Bureau of Investigation show that during 1979 alone there were more than 2.1 million arrests of juveniles under the age of 18, and this constituted approximately 22.5 percent of all the arrests reported to law enforcement agencies. Juveniles accounted for almost 40 percent of arrests for the eight most serious crimes, and I am talking about crimes that include murder, rape, larceny, and arson. Within this category, young people who are under the age of 18 and who were arrested constituted 31.5 percent of all robberies, 15.5 percent of all aggravated assaults, and 9.3 percent of all murders.

The common denominator as cited by the National Council on Crime is this: As a nation, we have grown increasingly fearful of youth crime and too frequently we see the solution to the problem of crime in locking up more and more youth. However, there is an ambivalence, and the ambivalence toward youthful offenders has really been stated by Leah Taylor in 1980 when she wrote an article for the Juvenile and Family Court Journal. I would like to give a brief quote from Mrs. Taylor's comments.

> On the one hand, interest groups promote rehabilitation efforts as the panacea for all deviants. On the other, hand punishment promoters advocate harsh penalties as the superlative deterrent to juvenile crime. And then of course underlying the debate on rehabilitation versus harsher penalties rests the uncomfortable premise that nothing works in juvenile delinquency prevention.

It is not to be overlooked that a large percentage of convicted youth are best and most inexpensively served by community-based units of the juvenile justice system, and this is what I would like to speak to for a few moments. There is an organization, the Juvenile Resource Center, Inc., better known as JRC, that serves as an alternative to incarceration for youthful offenders in Camden County, N.J. For the past 4 years, this agency has provided troubled youth with a variety of psychosocial rehabilitative services to help them maintain themselves successfully in the community. Some of these services are prevocational, some emphasize employment and training, and we have a wide range of educational and counseling services which include adult basic education, G.E.D. or the high school equivalency preparation, learning disability remediation, individual group and family counseling. There are also programs aimed at providing youth with the acquisition of independent living skills and also which provide a variety of recreation and socialization activities.

All of these services, every service has been designed to meet the total needs of the youth, and these services are provided in a nonthreatening, supportive environment. We have a counseling component, as I stated, coupled with the educational component, and we address education nontraditionally, because frequently school has become a setting that is unhealthy for children and other living beings, and that is not to indict the public school system, either. I am a product.

The counseling component emphasizes family counseling as a core part of our curriculum. Youth who are enrolled in the program are counseled daily in groups as well as on an individual basis, and if there is a need to bring the mother, to bring the father, to bring the brothers and sisters, to bring members of the extended family into the counseling component, we will do that, too.

Our experiences over the past 4 years, and we have been operating for the past 6 years, but specifically addressing the needs of the juvenile offender for the past 4 years—we have determined that many youth may be maintained in the community with the proper community support system. Approximately 80 percent of our clients obtain private employment in the private sector of businesses in Camden County. Approximately 70 percent of our youth receive G.E.D.'s or the high school equivalency diploma. Fifty-five percent of our youth are what we call reintegrated to traditional schools or vocational schools or in many instances they go on to higher education, colleges and community colleges.

We have a recidivism rate that is very low. Less than 20 percent of our youth are reincarcerated. That statistic stands up to the national average, where the national average has a recidivism rate of approximately 50 percent.

Much of our agency's success without a doubt is contributed or attributed to dedicated staff, who believe and know that the majority of young people labeled delinquents can grow and develop into productive citizens.

In an effort to combat the ever growing and projected cutbacks as evidenced by the Reagan administration, our youth-oriented program, JRC, has recently developed businesses in which our youth are employed. One is a sandwich business located in the city of Camden called "The Lunch Box." The other business is a pizzeria, "Little Bo Pizza." And we recently opened our bakery entitled "Granny's Goodies Bakery." We just purchased an 18-acre farm in which we have youth involved in horticulture. Many times these are men referred to as "city slickers" but on the farm they learn new ways of coping, new socialization skills, and even more importantly, new survival skills.

I also in summary have a few suggestions to offer to anyone who is placed in the decisionmaking position as you members are. One, I suggest that there be development of Cabinet-level departments to implement service plans for high-risk youth. Second, support coordinated efforts with financial incentives for those agencies and departments working together. Third, mandate cooperative efforts by withholding funds from those agencies and departments who refuse cooperative efforts. Fourth, support the development of private enterprise to support service agencies. Support the merger of county agencies to create multiservice models. There should be no new juvenile beds until community alternatives are fully explored.

I have a few additional suggestions that accompany my testimony, but I am going to stop here and say thank you for providing me with the opportunity to speak to you today.

In closure, Juvenile Resource Center is also one of four programs funded by the Office of Juvenile Justice Delinquency Prevention under Project New Pride. I thank you.

[Prepared statement of Stella J. Horton follows:]

PREPARED STATEMENT OF STELLA J. HORTON, JUVENILE RESOURCE CENTER, CAMDEN, N.J.

Thank you for providing me with the opportunity to speak before you today.

Mr. Chairman, consider, for a moment, the following: Crime, Pollution, Poverty, Drugs, Health or Housing, the Youth or the Aged. What will take precedent?

Of course, of those cited, the public, particularly in Camden City and in other Urban districts, preceives an alarming need to address and respond to the increase in juvenile crime.

There are mixed feelings and attitudes by communities, agencies, and the justice system about youth who exhibit criminal behaviors. On the one hand, there is the outcry, "Punishment", to those who deserve it. Often this punishment is in the form of incarceration for the serious youthful offender. Incarceration is expensive and, in some instances, must be done for that small percentage of youth who must be jailed after conviction.

After 80 years of attempting to put the interests of juvenile offenders first, a number of legislatures and courts have begun to place greater emphasis on protecting the public from violent young offenders and on imposing "adult" punishment on those guilty of serious crimes. There is a feeling that serious juvenile crime has been increasing and that something has to be done about it.

Statistics compiled by the Federal Bureau of Investigation show that during 1979 there were more than 2.1 million arrests of juveniles under 18, constituting 22.5 percent of the arrests reported to law enforcement agencies. Juveniles accounted for almost 40 percent of arrests for the eight most serious crimes, including murder, rape, larceny and arson. Within this category, young people under 18 were arrested for 31.5 percent of all robberies; 15.5 percent of all aggravated assaults and 9.3 percent of all murders. The common denominator, as cited by the National Council on Crime is this: "As a nation, we have grown increasingly fearful of youth crime and we see the solution to the problem of crime—in locking up more and more youth. The ambivalence toward youthful offenders makes public policy making difficult. On the one hand, interest groups promote rehabilitation efforts as the panacea for all deviance, on the other hand, punishment promoters advocate harsh penalties as the superlative deterrent to juvenile crime. Underlying the debate on rehabilitation vs. harsher penalties rests the uncomfortable premise that"nothing works in juvenile delinquency prevention." (Leah Taylor, Juvenile and Family Court Journal, May, 1980)

It can not be overlooked that a large percentage of convicted youth are best and most inexpensively served by community-based units of the juvenile justice system which counsel and educate youth, emphasizing their participation in employment, recreating and survival living skills.

There is an organization, the Juvenile Resource Center, Inc., (JRC) that serves as an alternative to incarceration for youthful offenders in Camden County, New Jersey.

For the past four years, the agency has provided troubled youth with a variety of psycho-social rehabilitative services to help them maintain themselves successfully in the community. Some of these services are pre-vocational, employment and training, a wide range of educational services including Adult Basic Education (ABE), GED preparation, learning disability remediation, individual, group and family counseling; programs aimed at the acquisition of independent living skills; and a variety of recreation and socialization programs. All of these services are designed to meet the total needs of problem youth and are offered in a non-threatening, supportive environment. We have a counseling component coupled with our educational component. The counseling component emphasizes family counseling as a core part of the curriculum in its implementation. Youth who are enrolled in the program are counseled daily in groups, as well as on an individual basis. If family members are present, we consider the total setting that the youth is in. We will even have family members, mother, father, other brothers and sisters to come and participate in the family sessions.

Our experience over the past four years indicates that many youngsters can be maintained in the community with the proper community support system. Approximately eighty percent (80 percent) of our clients obtain private employment, seventy percent (70 precent) obtain G.E.D.'s, fifty-five percent (55 precent) are reintegrated back to traditional public schools, and less than twenty percent (20 precent) return to institutions. Much of the agency's success is attributed to a dedicated staff who believe that the majority of young people labeled "delinquents" can grow and develop into productive citizens.

In an effort to combat projected cutbacks in governmental funding for youth oriented programs, JRC has recently developed a sandwich making business in downtown Camden. This small business effort, called the Lunch Box, employs ten (10) JRC clients and anticipates making a small profit the first year. Additionally, we have another economic venture, Little Bo Pizza and Granny's Goodies Bakery, that provide a positive alternative for troubled youth in Camden County via employment.

Thank you for attentively listening to me and I request to submit to your committee and into the Congressional Record my full transcript after editing.

Finally, I offer the following suggestions for inclusion in any decision making relative to serving youth and their families or communities.

(1) Develop cabinet level department to implement service plan for high risk youth.

(2) Support coordinated efforts with financial incentives for those agencies and departments working together.

(3) Mandate cooperative efforts by withholding funds from those agencies and departments refusing cooperative efforts.

(4) Support development of private enterprise to support service agencies.

(5) Support merger of county agencies to create multi-service models.

(6) No new juvenile beds until community alternatives are fully explored.

(7) Use jail for dangerous repeat offenders.

(8) Support successful, cost-effective alternatives to institutions, such as work release programs.

(9) Keep minor offenders out of jail and in less costly, more effective community programs. Again, with a $30,000 price tag and a 75 percent failure rate for jails, it would not be hard to find better alternatives.

(10) Free up police to deal with more serious offenders by allowing community agencies to deal with status offenders (runaways, curfew violations, etc.). Most Police Departments are forced to spend an inordinate amount of time chasing noisy teens off corners, busting parties and processing other minor offenders.

Many of these minor offenders could be handled by community agencies. In 1979, only 16.5 percent of all crimes reported had an arrest made for that crime. Police must have more time available for crimes protection and detection. This can not happen with our current system.

Chairman **Miller**. At this time for the purpose of introduction of the next panel I recognize Congressman Fish.

Mr. **Fish**. Thank you, Mr. Chairman. I am honored to introduce Miss Victoria Best, who is the executive director of the Dutchess County, N.Y. Youth Bureau, a position she has held for some 7 years. She is also on the board of directors of Statewide Youth Advocacy, Inc., and also she is a member of the New York State Division for Youth Special Advisory Council on Runaway and Homeless Youth. She will focus on the problems of alcohol and drug abuse and offer preventive strategies to reduce the rate of addiction among our American youth.

STATEMENT OF VICTORIA BEST, EXECUTIVE DIRECTOR, DUTCHESS COUNTY YOUTH BOARD

Ms. **Best**. Thank you very much, Congressman Fish. I thank the members of the committee for asking me to speak.

I would like to begin by first offering some remarks about the youth bureau system in New York State. A youth bureau in New York State has a broad legislative mandate to promote the physical and social well being of all youth under the age of 21 years in its municipality of jurisdiction. Its mission is to promote, establish, and maintain a unified local system of youth development and delinquency prevention services. Through our community development approach to the provision of services and youth advocacy efforts, youth bureaus and their repesentative boards work to insure that appropriate resources are available to the greatest possible number of youth.

This unique statewide system should be carefully examined by this Committee as it considers cost-effective administrative models for the coordination of publicly supported programs for children, youth, and their families.

The Youth Bureau in Dutchess County, N.Y. has enjoyed local bipartisan support of its efforts and, in 1983, $1.1 million in State, local, and private funds were distributed through us to community based youth-serving agencies and organizations. Programs designed to prevent and/or treat the problem of alcohol and substance abuse are just one of the many efforts that we support through our limited grant capability.

I have been asked to present my perspective on the problem of alcohol and drug abuse and those preventive strategies which theoretically reduce the rate of addiction among adolescents.

Briefly, between 9 and 10 percent of all adolescents in any given community in this country are substance abusers. In Dutchess County, a relatively affluent area in the mid-Hudson Valley where scientists, dairy farmers, and construction workers live side by side, drug and alcohol abuse, as measured by the numbers admitted for some form of treatment, peaked in the early 1970's, declined a bit between 1974 and 1978, and has been increasing slowly but steadily since then. Because adolescence is a time for experimentation, risk-taking, and rebellion, teenagers will try alcohol and drugs as long as they remain available. But the real concern should be that 10 percent of the population who rely on alcohol and drugs as panaceas.

Youth practitioners argue that the problem is not really increasing, it is changing. Poly-drug abuse, for example, is more common among teenagers today. Alcohol, particularly inexpensive wine and beer, is the drug of choice among young teenagers, and more females are receiving treatment for alcohol problems than ever before. A higher percentage of frequent users and abusers are from families where one or more of its adult members are also abusers.

Drug and alcohol treatment services are most effective when the entire family is involved. Peer-group counseling is another modality often selected for teenagers because of its social reinforcement qualities. Self-help groups like Alateen and Tough Love, which generally evolve from community concern provide support networks and information to families with common problems.

Drug and alcohol prevention strategies can be effective when substance abuse information is combined with behavior skills development. Young people who lack self-esteem, confidence, and constructive coping mechanisms are more likely to use drugs and alcohol to escape from anxiety or any other emotional response to problems. Therefore, programs designed to reinforce a child's self-concept will have a more lasting impact than those which attempt only to teach the consequences of addiction.

But drug and alcohol prevention programs have not been funded to measure their effectiveness over time. Organized longitudinal studies are essential if we hope to institutionalize prevention efforts of any kind in our schools and our communities. The Government's role in the prevention of antisocial behaviors among our young people must be to subsidize formal studies of select program designs which engage the cooperation of parents, school officials, and the general community, and then Government must support those models which stand up to rigorous testing. Until we stabilize public funding of substance abuse prevention programs, we will continue to spend vast amounts of money on law enforcement and crisis services, and sacrifice at least 10 percent of our Nation's teenagers to the physically and psychologically destructive effects of alcoholism and drug addiction.

Thank you.

[Prepared statement of Victoria H. Best follows:]

PREPARED STATEMENT OF VICTORIA H. BEST, DUTCHESS COUNTY YOUTH BUREAU, POUGHKEEPSIE, N.Y.

A Youth Bureau in New York State has a broad legislative mandate to promote the physical and social well being of all youth under the age of 21 years in its municipality of jurisdiction. Its mission is to promote, establish and maintain a unified local system of youth development and delinquency prevention services. Through our community development approach to the provision of services and youth advocacy efforts, Youth Bureaus and their representative Boards work to ensure that appropriate resources are available to the greatest possible number of youth.

This unique statewide system should be carefully examined by this Committee as it considers cost-effective administrative models for the coordination of publically supported programs for children, youth & their families.

The Youth Bureau in Dutchess County, New York has enjoyed local bi-partisan support of its efforts and, in 1983, $1.1 million in state, local and private funds were distributed through us to community serving agencies and organizations. Programs designed to prevent and/or treat the problem of alcohol and substance abuse are just one of the many efforts that we support through our limited grant capability.

I've been asked to present my perspective on the problem of alcohol and drug abuse and those preventive strategies which theoretically reduce the rate of addiction among adolescents.

Briefly, between 9 and 10 percent of all adolescents in any given community in this country are substance abusers. In Dutchess County, a relatively affluent area in the Mid-Hudson Valley where IBM scientists, dairy farmers and construction workers live side by side, drug and alcohol abuse, as measured by the numbers admitted for some form of treatment, peaked in the early 1970's, declined a bit between 1974 and 1978 and has been increasing slowly but steadily since then. Because adolescence is a time for experimentation, risk-taking and rebellion, teenagers will try alcohol and drugs as long as they remain available. But the real concern should be that 10% of the population who rely on alcohol and drugs as panaceas.

Service practioners argue that the problem isn't really increasing, it's changing. Poly-drug abuse, for example is more common among teenagers today. Alcohol, particularly inexpensive wine and beer is the drug of choice among young teenagers and more females are rceiving treatment for alcohol problems than ever before. A higher percentage of frequent users and abusers are from families where one or more of its adult members are abusers.

Drug and alcohol treatment services are most effective when the entire family is involved. Peer group counseling is another modality often selected for teenagers because of its social reinforcement qualities. Self-help groups like Alateen and Tough Love which generally evolve from coummunity concern provide support networks and information to families with common problems.

Drug and alcohol prevention strategies can be effective when substance abuse information is combined with behavorial skills development. Young people who lack self-esteem, confidence and constructive coping mechanisms are more likely to use drugs and alcohol to escape from anxiety or any other emotional response to problems. Therefore, programs designed to reinforce a child's self concept will have a more lasting impact than those which attempt only to teach the consequences of addiction.

But drug and alcohol prevention programs have not been funded to measure their effectiveness over time. Organized longitudinal studies are essential if we hope to institutionalize prevention efforts of any kind in our schools and or communities. The government's role in the prevention of anti-social behaviors among our young people must be to subsidize formal studies of select program designs which engage the cooperation of parents, school officials and the general community. Until then, we will continue to spend vast amounts of money on law enforcement and crisis services and sacrifice at least 10% of our nation's teenagers to the physically and psychologically destructive effects of alcoholism and drug addiction.

Chairman MILLER. Next, Barbara Kelley, who is the Area 1 Council Member for the Association of Junior Leagues.

STATEMENT OF BARBARA KELLEY, AREA 1 PUBLIC POLICY LIAISON, THE ASSOCIATION OF JUNIOR LEAGUES, INC.

Ms. **Kelley**. Representative Miller, members of the select committee, I am Barbara Kelley, the public policy liaison for area 1 of the Association of Junior Leagues. This area encompasses the region from Maine to New Jersey. During the past year I have served as the chairman of the State public affairs committee of the New Jersey Junior Leagues, and for the next 2 years I will serve as president of the New Jersey chapter of the National Committee for Prevention of Child Abuse. I am a wife and mother of two children.

In addition, I am privileged to serve on the recently created New Jersey Governor's Committee on Children's Services Planning. Its predecessor, the Governor's Commission on Children's Services last October released a report, a call to action, linking policy with need, after 3 years of study assessing the needs of children in New Jersey.

The Junior Leagues in New Jersey were extremely active in advocating for a mechanism to implement the commission's findings so that they would not remain on the shelf. The result is the new Committee on Children's Services Planning. I appreciate the opportunity to appear before you on behalf of the Junior Leagues.

I would like to focus my comments on the commission's findings in New Jersey. As our Governor just stated recently, New Jersey is a microcosm of the Nation. The needs of New Jersey's 2 million children are not being met adequately, especially those of the poor, urban, black, and Hispanic. There are clear inequities in the provision of educational and social services to minority children. Profound societal changes have increased the need for support services. These changes in society are reflected in part in an increase in the number of single-parent families, which jumped from 14 percent of all families in New Jersey in 1950 to 36 percent in 1978. Divorce rates have risen by nearly 500 percent in the last decade, and the incidence of child abuse has grown by 1,000 percent since 1970, according to the New Jersey Division of Youth and Family Services.

Dwindling Federal funding and growing need compels us to focus on delivery of service to the 400,000 children growing up in poverty in New Jersey. Services for children are fragmented, uncoordinated, and sometimes duplicative. As a result, the service system fails to allocate resources efficiently. We continue to rely on costly institutional care for children even though many would be better served in cheaper community-based programs. Another important factor is the grossly disproportionate rate of incarceration of black and Hispanic children.

There are grave disparities in the current system of financing public education. Effective programs and services for children with special needs are necessary regardless of where children live. Black children represent only 18 percent of statewide student population, but they constitute 29 percent of all students suspended. The very serious problem of underenrollment of New Jersey Hispanic children—for example in Newark, as many as 80 percent of the Hispanic school-age children may not be enrolled in school, according to a study by the New Jersey Department of Education.

In our State as in many others, current benefit levels for AFDC do not cover minimal survival needs, especially when the government has reduced funding. Regulations deny benefits to youth aged 19 to 21 years who are attending high school, trade school, or college.

Are we doing more to separate families or keep them intact? A greater commitment to funding vocational services for unemployed youth is required, as New Jersey's youth jobless rate of 23 percent is well above the national average of 19 percent. We also need an emphasis on providing child care for those children who have working parents. Approximately 200 day care centers exist in New Jersey, which roughly represents only 10 percent of the need.

Few services exist to address drug and alcohol abuse, despite a sharp increase in drug and alcohol abuse among young people. A lack of funding for lead poisoning screening programs exists, although lead poisoning is a major childhood disease problem in New Jersey. Funds are available to screen only 13 percent of the 200,000 children who are a high risk.

This is a capsule of the report. The Junior Leagues in area 1 are addressing their community needs by responding with projects, leadership, and financial support. To mention just a few, the Junior League of Hartford, Conn., through involvement with GATE, an alcoholic drug abuse and prevention program, sponsored a prominent speaker to address parents of elementary school-age children concerning their own prevention of substance abuse.

Members of the Junior League of Scarsdale, N.Y., work in the high schools talking about substance abuse. The Junior League of Berkshire County in Massachusetts provided seed money for the establishment of a year-round child care program at the Pittsfield Girls Club which will offer all components of child care from infancy to 14 at one site. The Junior League of Orange County, N.Y., raised funds to assist a newly formed task force on child abuse in Orange County. The New Jersey State Public Affairs Committee has played a leadership role in a task force on day care. Junior leagues have drafted legislation, we have planned and designed conferences to educate and train child care advocates.

My own league, the Junior League of Montclair-Newark, in 1 year provided funding for psychologists for children at a rape-trauma syndrome center, cut through redtape to make possible the opening of a community-based home for adolescent girls, established a family life library as a resource in the community, provided kitchen facilities for the families at a battered women's shelter, supported a child care center for the 11th year, having invested approximately $50,000 over the years, and provided support for an emergency-services-for-families agency in Newark. These were the programs just affecting children. In one year we returned $80,000 to our community, mostly in Newark, and provided thousands of hours of volunteer service.

This is a small picture of what Junior Leagues are doing. We also play an active role on local, State, and Federal levels studying the needs of children and families and then advocating for critical issues.

I was just at a workshop last month at Clinton Institution for Women, the only prison for females in New Jersey. Quite a few of the inmates participated in the workshop. One of the women looked at me and said, "Do you know anything about sexual child abuse?" I said a little bit. She said, "I am really concerned, my daughter is being abused by the uncle she is living with, and I see the same thing happening that happened to me. Do something about the cycle. Look where I ended up. Somebody has to stop it."

In turn, I implore you. Prevention is the key. We must protect children, but we must take the initiatives to provide preventive services to stop abuse from occurring. Child abuse and neglect can be prevented. Support programs can be established, child care facilities, parenting programs. Federal funding is essential.

Leagues in all parts of the country support and continue to support the Adoption Assistance and Child Welfare Act of 1980, the authorization of the Child Abuse Prevention and Treatment and Adoption Reform Act, and the Juvenile Justice and Delinquency Prevention Act. We are vigorously advocating for an increase in the title XX Social Services Block Grant, and the funding for new Medicare coverage for low-income women and their children assumed in the recently passed budget resolution. The 42 Junior Leagues in area 1, will be happy to assist you in providing any resources, programs, data, or projects. The leagues in all parts of the country which represent 148,000 women are there to be used as a resource. I urge you, take bold initiatives in seeking care for needy children, please assume the leadership in advocating for prevention programs.

Chairman Miller. Thank you.

[Prepared statement of Barbara Kelly follows:]

Prepared Statement of Barbara Kelley, Area I Public Policy Liaison, The Association of Junior Leagues, Inc.

Representative Miller and members of the Select Committee, I am Barbara Kelley of Montclair, New Jersey, the public policy liaison for Area I of the Association of Junior Leagues, which encompasses the region from Maine to New Jersey. During the past year, I was the chairman of the State Public Affairs Committee of the New Jersey Junior Leagues. During the next two years, I will serve as president of the New Jersey chapter of the National Committee for the Prevention of Child Abuse. I also am a wife and mother of two children. In addition, I am privileged to serve on the recently created New Jersey Governor's Committee on Children's Services Planning. Its predecessor, the Governor's Commission on Children's Services, issued a report, "Linking Policy with Need," which assessed the needs of children in New Jersey. This call to action was released last October after three years of study by the commission. The Junior Leagues in New Jersey strongly advocated for a mechanism to implement the commission's findings so that the report would not remain on the shelf. For this reason, the New Jersey Junior Leagues and other advocacy groups in New Jersey successfully lobbied for the establishment of the Committee on Children's Services Planning.

I appreciate the opportunity to appear before you today on behalf of the Junior Leagues in Area I. I would like in this time period to focus my comments on the findings of the governor's commission in New Jersey. As our governor stated recently, New Jersey is a microcosm of the nation.

The needs of New Jersey's two million children are not being met adequately, especially those who are poor, urban, black and Hispanic. There are clear inequities in the provision of educational and social services to minority children. Profound societal changes have increased the need for support services. The changes are reflected in part in an increase in the number of single-parent families which jumped from 14 percent of all families in New Jersey in 1950 to 36 percent in 1978. Divorce rates have risen by nearly 500 percent in the last decade; the reported incidence of child abuse has grown by 1000 percent since 1970 according to the New Jersey Division of Youth and Family Services (DYFS). Dwindling federal funding and growing need compels us to focus on delivery of service to these 400,000 children growing up in poverty in New Jersey. The service system fails to allocate resources efficiently-services for children are fragmented, uncoordinated and sometimes duplicative.

We continue to rely on costly institutional care for children even though many would be better served in less expensive community-based programs. Black and Hispanic children also are incarcerated at a much higher rate than white children. In addition, there are grave disparities in the current system of financing public education in New Jersey. There should be equality of programs and services to populations with special needs regardless of where a child may live.

A pattern of suspension practices in the schools adversely affecting minority children is apparent. While black children represent only 18 percent of the statewide student population, they constitute 29 percent of all students suspended. There also is a very serious problem of under-enrollment of New Jersey Hispanic children. For example, in Newark, as many as 80 percent of the Hispanic school-age children may not be enrolled in school according to a study by the New Jersey Department of Education.

In New Jersey, as in many other states, current benefit levels for AFDC do not cover "minimal survival needs," especially since the federal government has reduced funding. Are we doing more to separate families or keep them intact? Regulations deny AFDC benefits to youth aged 19–21 years who are attending high school, trade schools, or college. We doubt that such policies help children learn to become self-sufficient or self-supporting. A greater commitment to funding vocational services for unemployed youth also is required; New Jersey's youth jobless rate of 23 percent is well above the national average of 19 percent.

In addition, we need an emphasis on meeting the child care needs of those children and families with working parents. Approximately 200 day care centers exist in New Jersey—an amount estimated to meet about ten percent of the need.

Few services exist to address drug and alcohol abuse despite a sharp increase in the problem among young people. There also is a lack of funding for lead poisoning screening programs. Although lead poisoning is a major childhood disease problem in New Jersey, funds are available to screen only 13 percent of the 200,000 children who are considered to be at high risk.

This is a capsule summary of the commission's findings. Similar problems exist, I am sure, in all the states covered by Area I. The Junior Leagues in this area are responding to their community needs with projects, leadership and financial support. To mention just a few examples of Junior League activities:

The Junior League of Hartford, CT is involved with Gate/Hartford Drug Education Prevention, a program offered to community groups and parents of elementary school age children concerning their roles in the prevention of substance abuse.

The Junior League of Scarsdale, NY sends speakers into high schools to talk about substance abuse.

The Junior League of Berkshire County, MA provided seed money for the establishment of a year-round child care program at the Pittsfield Girls Club. The program will provide child care from infancy to 14 at one site.

The Junior League of Orange County, NY raised funds to assist a newly-formed task force on child abuse in Orange County.

The New Jersey State Public Affairs Committee (SPAC) played a leadership role in a Task Force on Child Care, drafting legislation, planning and designing conferences to train child care advocates.

The Junior League of Monclair-Newark, my own Junior League, supports a variety of children's programs. During the last year, it provided funding for a psychologist for children at a Rape Trauma Syndrome Center, cut through the red tape to make it possible for a community-based home for adolescent girls to open, established a family life library as a resource in the community, provided kitchen facilities for the families at a battered women's shelter, continued support for a child care center in which it has invested approximately $60,000 over an 11-year period, and provided support for an Emergency Services for Families Agency in Newark.

Although the activities of the Junior Leagues attest to our belief that voluntarism can play an important role in assisting children and their families, we are well aware that ongoing government support is needed to provide basic services. For this reason, Junior Leagues play an active advocacy role at local, state and federal levels, studying the needs of children and families and advocating for legislation addressing critical issues.

Junior Leagues in all parts of the country supported the establishment of the Select Committee on Children, Youth, and Families. We supported, and continue to support, the Adoption Assistance and Child Welfare Act of 1980, the reauthorization of the Child Abuse Prevention and Treatment and Adoption Reform Act, and the Juvenile Justice and Delinquency Prevention Act. We are vigorously advocating for an increase in the Title XX Social Services Block Grant and for passage of the Domestic Violence Prevention and Services Act. We also are pleased that the budget resolution recently passed by Congress includes funds for a new Medicaid initiative for low-income women and children.

Above all, I want to stress the importance of developing effective prevention programs. The importance of this was highlighted for me last month when I conducted a workshop on institutionalized women and their children at the Clinton Institution for Women, the only female prison in New Jersey. Quite a few inmates attended. One inmate asked if I knew anything about child sexual abuse. She told me: "I am sure my daughter is being abused by her uncle—it happened to me. I see the cycle starting again and look where I am. Please, someone has got to stop it!" This woman, injured by this pattern of abuse, was powerless to stop it. She begged me to stop it. In turn, I say to you: prevention is the key! We must protect and safeguard the needy.

This committee has an awesome task. The Junior Leagues in Area I will be happy to assist in providing resources of programs, data, projects, and to work in partnership with you. The 243 Junior Leagues throughout the United states, representing 148,000 women are willing to help you in your endeavors. I urge you to take bold initiatives in seeking care for needy children and to assume the leadership in advocating for prevention programs.

Thank you for this opportunity to appear before you today.

Chairman MILLER. Next the committee will hear from Mrs. A. L. Carlisle, who is the chair of the Maine Juvenile Justice Advisory Board.

STATEMENT OF A. L. CARLISLE, CHAIR, MAINE JUVENILE JUSTICE ADVISORY BOARD

Mrs. CARLISLE. Mr. Chairman and members of the select committee, my name is A. L. Carlisle, and I am honored to appear before you today as chairman of Congressman McKernan's Task Force on Children, Youth, and Families. I am also a full-time wife and the mother of three teenaged sons. I am a volunteer serving as chairman of the Maine Juvenile Justice Advisory Group, as well as chairman of the National Coalition of State Juvenile Justice Advisory Groups.

When Congressman McKernan was appointed to the Select Committee on Children, Youth, and Families, he formed a task force to advise him on issues relating to children, youth, and families in Maine. This task force is a bipartisan group consisting of 28 members with a wide variety of experience and expertise in issues related to children, youth, and families. The task force has developed a preamble or a framework within which to work and a list of fundamental questions which we are recommending the Select Committee address. I have copies of these two items for you. The task force has also developed a list of issues for each of the three task forces which your committee has formed. Those lists will be sent to you shortly.

The intervention issues, which we have identified and, with great difficulty and much reluctance placed in priority order, include domestic violence, juvenile justice, substance abuse, mental health services, substitute care, adolescent pregnancy and parenting, the role of schools and peers, and emergency food and shelter. The economic security issues, also in priority order, again with great difficulty, include financial assistance programs, employment opportunities, housing, health care, and food assistance.

Since Congressman McKernan serves as a member of the Prevention Task Force, most of our efforts will focus on prevention issues. We have identified prevention issues, which I will share with you, but they are not yet in priority order. They include health education, education, health services, substitute care, family living, and the development of jobs.

I was asked to summarize the state of children, youth, and families in the entire State of Maine. Obviously that is not possible to do in 5 minutes or even probably 5 days. However, I do have some information I would like to share with you about some of the issues I just mentioned. From 1975 to 1977, out-of-wedlock births in Maine increased 24 percent. Over 95 percent of the teenagers who choose to have their babies choose to keep their babies, leading to the phenomenon of children raising children. A 1980 survey conducted by family planning showed that only 7 percent of all clients under 20 were seeking to become pregnant. That means 93 percent of family planning clients did not choose to become pregnant.

Domestic violence includes spouse abuse, child abuse and neglect, and sexual abuse. It cuts across all socioeconomic lines, and it is found in both urban and rural areas. It is cyclical. Many abusers were themselves abused as children. One program found that half of the sexual-abuse perpetrators were sexually abused as children. The cycle, to quote an earlier testimony, must be broken. Reports of child maltreatment increased 166 percent from 1976 to 1980. It is believed that the actual occurrences are at least three to four times greater than reported. The number of reported sexual-abuse cases jumped by 42.3 percent from 1979 to 1980. It is estimated that only one in five cases of sexual abuse is reported.

There are increasing numbers of homeless people, people who lost their homes when they lost their jobs. This story is a familiar one to many of you in big cities. It is not familiar to us in Maine. We have bag ladies now. We have a number of people who have no visible means of support. A task force in Portland has been formed to try to provide shelter before winter arrives. The welfare applicants for the month of June alone jumped 53 percent in Portland over last June. We are now finding families turning their children over to the custody of the State, not because they do not want them but because they cannot afford to take care of them. They cannot feed them, clothe them, or shelter them.

We have 9,000 substance abusers in Maine, and substance abuse is a factor in 50 percent of our highway fatalities, 62 percent of child-abuse cases, 40 percent of all divorces, 60 percent of all criminal justice convictions.

I was asked to speak briefly about juvenile justice, and I would like to add a few things to what has already been said this morning. The Juvenile Justice and Delinquency Prevention Act is the only Federal program dealing with juvenile delinquency. President Reagan and his administration have recommended no funding for this program for the last 3 years—under President Carter it was funded at $100 million. Congress, to its credit, restored partial funding at the level of $70 million last year and the year before. It is hoped that it will again do so this year. Without that funding, programs about which you just heard will not exist. Community-based programs will fall by the wayside, and States will be resorting once more to locking up children in spite of the fact that it is far more expensive both in terms of money and cost to human lives.

Each State which participates in this act must have a State advisory group, the members of which are appointed by the Governor for their interest, experience, and expertise in juvenile justice. The responsibilities of the advisory group include developing and implementing a statewide juvenile justice plan, advising the Governor and legislature on matters relating to juvenile justice, and ensuring compliance with the mandates of the act.

Maine is in full compliance with the mandates of deinstitutionalization of status offenders and separation of juveniles from adults in facilities, and it is working on the removal of juvenile offenders from jails. The Maine JJAG testifies before the legislature on bills, recently assisting in the defeat of a bill which would have lowered the juvenile age to 16. Federal funds are used as seed money for various programs, such as group homes and emergency shelters, demonstration programs, a community-based diagnostic evaluation program, crisis intervention programs, school-based programs, training programs, et cetera.

The JJAG has also been extremely involved in primary prevention programs in an effort to test the theories which are currently being promulgated as the most effective way to prevent delinquency. Under the current administration, the person who was just appointed to head the Office of Juvenile Justice and Delinquency Prevention has indicated that the Office of Juvenile Justice will not continue to fund or support prevention programs. The point that was made by the lady to my right, that we need to find out what works, to continue studies, will not happen. We were in the middle of a 3-year project, part of a national research and demonstration program, to test effective approaches to prevention. The evaluation of the effectiveness of these various approaches will not be completed, because the funds have been eliminated. We have been told primary prevention is not a function of the Office of Juvenile Justice and Delinquency Prevention. It does not appear to be a function of any other office, either.

Decisions regarding the juvenile justice program are made by citizens of each State, based on State and local priorities. It is an extremely effective program. If it is not continued, juveniles within our system and the juveniles we hope to prevent from coming into the system will be irreparably harmed. Juvenile arrests in Maine are declining slightly. In 1981, 11,482 were arrested, in 1982, 9,745. Only 117 or 1.2 percent of the juveniles arrested committed violent offenses. Most juvenile offenses in Maine are property offenses. In 1982, 2,000 juveniles were detained in county jails in Maine.

There are other quick points I would like to make. Maine is the largest New England State. It has a coastline of 3,500 miles. It has a population of slightly over a million, and 98.7 percent of the population is white. It is a very rural State. Portland is Maine's largest city. It has 60,000 people. There is a tremendous difficulty in the delivery of and accessibility to services. Transportation is a real barrier. There is little or no public transportation. The nearest service is often many miles or many hours away in good weather.

Maine is also a very poor State. In fact, when you take the per capita income and factor in cost of living, it may be the poorest

State in the entire country. A study done by Maine's Department of Human Services on children's deaths in Maine for the years 1976 to 1980 was just published. Its main finding was that poor children die at a rate three times greater than nonpoor children. These ratios are statistically significant at the 0.001 level for both causes of death and by age group. Congressman McKernan's task force urges you to closely examine and take into consideration the impact of poverty on children, youth, and families.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of A. L. Carlisle follows:]

PREPARED STATEMENT OF A. L. CARLISLE, CHAIRMAN OF CONGRESSMAN JOHN R. MCKERNAN, JR.'S TASK FORCE ON CHILDREN, YOUTH, AND FAMILIES

Mr. Chairman and Members of the Select Committee, my name is A. L. Carlisle, and I am pleased to appear before you today as Chairman of Congressman John R. McKernan, Jr.'s Task Force on Children, Youth and Families. I am a full-time wife and the mother of three teenage sons. I am also a volunteer, serving as Chairman of the Maine Juvenile Justice Advisory Group and of the National Coalition of State Juvenile Justice Advisory Groups. I am a past president of the Junior League of Portland and just retired as Chairman of the United Way Social Planning Committee.

When Congressman McKernan was appointed to the House Select Committee on Children, Youth and Families, he formed a Task Force to advise him on issues relating to children, youth and families in Maine. The Task Force is bipartisan and consists of 28 members, with a wide variety of experience. The members include directors of programs for children, youth and families; educators; clergy; low enforcement; businessmen and women, attorneys; health professionals; concerned citizens. A list of members is attached. Most of us are parents, some are single-parents, some are grandparents and some are youth.

The Task Force has developed a Preamble, or framework, within which to operate; some fundamental questions, which it believes the Select Committee should address; and a list of issues for each of the Select Committee's three task forces.

The Intervention Issues are listed in priority order, with great difficulty and reluctance, and include: Domestic Violence, Juvenile Justice, Substance Abuse, Mental Health Services, Substitute Care, Adolescent Pregnancy and Parenting, Role of Schools and Peers, and Emergency Food and Shelter.

The Economic Security Issues are also in priority order, again with great difficulty and reluctance, and include: Financial Assistance Programs; Employment Opportunities, Job Creation, Job Training and Retraining; Housing; Health Care; and Food Assistance.

The Prevention Issues are still in draft form. Since Congressman McKernan is a member of the Prevention Task Force, we will be concentrating on prevention issues. The Prevention Issues so far identified, but not yet in priority order, include: Health Education, Education, Health Services, Substitute Care, Family Living, and the Development of Jobs.

The complete lists for each of the three areas are attached.

I would like to share some specific statistics and comments relating to some of the above issues. Much of this information is from the Social Planning Committee's Needs Assessment Report, published by the United Way of Portland in May, 1982.

The Greater Portland Community identified five areas of concern: Adolescent Pregnancy, Domestic Violence (spouse abuse, child abuse and neglect, and sexual abuse) Housing, Substance Abuse, and Idle Youth (youth unemployment and juvenile delinquency).

In the area of adolescent pregnancy, the following information may be of interest to you. From 1975–77, there was a 16% increase in adolescent pregnancies. A 1980 survey by Maine Family Planning showed that only seven percent of all clients under 20 were seeking to become pregnant. One in ten teenagers between the ages of 15 and 19 become pregnant each year, and, in 1979, one of seven births was to a teenager. Out-of-wedlock births increased 24 percent from 1975–1979. Over 95 percent of the teenagers who give birth choose to keep their babies, leading to the phenomenon of "children raising children".

The risk of maternal death is 60% greater in young teens, and their babies are two to three times more likely to die in their first year. Seven and a half percent of the babies born to teenage mothers, seventeen and younger, suffer from low birthweight, the cause of the greatest number of deaths in the first year of life and a major contributing cause of disability in children.

Eighty percent of teens who have their first child at 17 or younger never finish high school. In 1980, 48% of Maine's AFDC payments went to single parents who are, or were at one time, teenage mothers.

There is usually no financial assistance available to a pregnant teenager until the baby is born. Lack of such assistance can cause difficulty in meeting the medical, nutritional and, sometimes, the housing needs of a pregnant teenager. There are few services available to teenage mothers. One such program, the Portland YWCA's Teen Parent Resource Center, serves 20–25 clients and has a waiting list of at least that many.

Domestic violence cuts across all socio-economic lives and is found in both urban and rural areas. It is also cyclical in that many abusers were themselves abused as children. Portland's Family Crisis Shelter reports that 64 percent of spouse abusers were abused as children. Community Counseling Center's Sexual Abuse Treatment Program has found that half of the sexual-abuse perpetrators were victims of sexual abuse. In addition, studies indicate that four out of five convicts were abused as children.

The reports of child maltreatment to Maine's Department of Human Services increased 166 percent from 1976–80, and the actual occurrence of abuse and neglect is believed to be three to four times greater than reported. In Cumberland County, Maine's most populous county, reports of physical abuse increased 353 percent from 1975–1980.

Approximately five percent of child-protection referrals to the Department of Human Services involve sexual abuse. The number of reported cases of sexual abuse jumped by 42.3 percent from 1979 to 1980. It is estimated that only one in five cases of sexual abuse is actually reported. Ninety-nine percent of the offenders are male, and the highest percentage of perpetrators are natural fathers.

There is no accurate statistical information available on spouse abuse, but is is estimated that there are 48,000 incidents a year. The Cumberland County Domestic Violence Hotline calls increased 41 percent from 1980 to 1981.

The supply of low-income housing is not adequate to meet the demand. There is a two-year waiting list for decent, affordable housing for families with children. Many landlords still discriminate against children, in spite of a recently-passed law forbidding such discrimination. More housing is built for the elderly than for families, because such housing is less risky for developers and easier for town officials and abuttors to accept.

In rural areas, there are fewer housing units available, and a higher percentage of the units are in need of repair. Federal repair funds are allocated to metropolitan areas or to target areas in specific towns, ignoring the very real need of such funds for rural areas. Portland has developed a loan pool with local banks for housing rehabilitation. This pool consists of half Federal Community Development funds and half private bank funds. Cumberland County and some outlying towns have established a Rural Rehabilitation Program with Community Development funds.

There is an increasing number of homeless people, particularly in the cities. Many of these people lost their homes when they lost their jobs. They come to the cities searching for jobs and shelter, neither of which is available. Portland has just formed a Task Force to consider the means of providing shelter to these people before winter.

Welfare applicants for the month of June in Portland increased 53 percent over last June. Parents are beginning to turn their children over to the custody of the State, because they can no longer afford to feed, clothe and shelter them.

Substance abuse is a serious problem in Maine. In 1980, it was estimated that the cost of alcohol and drug abuse in Maine exceeded $210 million annually. Substance abuse is a factor in 50 percent of all highway fatalities, 62 percent of child abuse cases, 20 percent of all hospital admissions, 40 percent of all divorces and 60 percent of all criminal justice convictions.

There are an estimated 90,000 substance abusers in Maine: 60,000 problem drinkers or alcoholics and 30,000 drug abusers or addicts. In 1980–1981, it was estimated that three percent of adolescents and eight percent of adults suffer from alcoholism. In 1976, cirrhosis of the liver was the tenth leading cause of death in Maine.

The rate of alcohol use among adolescents is increasing, and such use is being noted at an earlier age. The State is promoting chemical-free graduation parties, and the number of schools and communities hosting such parties increases each year. For the first time, no graduating seniors this year died as a result of an accident involving alcohol. About half the schools in Maine now have school-community educational programs involving teachers, administrators, parents, students and members of the community.

Another issue of concern in Maine is unemployment, particularly among youth. Maine's unemployment rate is about ten percent. The youth unemployment rate is about 23 percent. From 1976 to 1979, the youth unemployment rate averaged 13.4 percent more than the national youth unemployment rate. From 1970–81, the population of youth in Cumberland County aged 16–19 increased by 16.9 percent, while the number of unemployed increased by 279.7 percent.

Unemployment among youth from poor families is more than twice as high as unemployment among all youth. Between 1970 and 1979, the percentage of the population living below the poverty level in Cumberland County increased 30 percent. The number of children under 18 living in poverty increased 48 percent during that same period. The unemployment rate for female youth is even higher than that for all youth.

I was asked to discuss the Juvenile Justice Advisory Group which I chair, and its activities, as well as juvenile delinquency. Each state which chooses to participate in the Juvenile Justice and Delinquency Prevention Act, must have a State Advisory Group, the members of which are appointed by the Governor for their experience and expertise in juvenile justice. The responsibilites of the JJAG include developing and implementing the State Comprehensive Juvenile Justice Plan, advising the Governor and the Legislature on juvenile justice issues, awarding juvenile justice funds to carry out the plan, and complying with the mandates of the Act.

Maine is in full compliance with the mandates to deinstitutionalize status offenders and to separate juveniles from adults in adult facilities, and it has developed a plan to remove juveniles from jails. The JJAG is also involved in several cooperative efforts with various State departments and community organizations. These efforts include the development of a Statewide Prevention Plan, an evaluation of existing group homes and emergency shelters and the joint development and funding of projects. The Federal money is largely used as seed money, with the State and local communities continuing many of the projects. It is also used for pilot projects, such as a community-based diagnostic and evaluation project and primary prevention projects. Decisions about funding projects are made by citizens (JJAG members) based on State and local priorities.

The JJAG is currently funding two primary prevention projects. The first is located in three schools in Washinton County, which is Maine's poorest county. One school is expanding the Bridge Builders project and assuming the costs for a peer counseling team. The second school is working with its school board to include project costs in the school budget. The third school is working with the community to establish a youth center. In addition, the project sponsors an annual Washington County Teen Conference and is developing an experimental media skills instruction program. In one school, the number of students being retained in the eighth grade (the focus of the project) dropped from eight to two. Court Intake records indicate that the number of arrests in the three communities is declining.

Projects, Inc., involves thirty youth at a time in community-service work to low-income elderly and other needy individuals and groups. In the first seven months of the project, 84 youth were involved, half of them working with low-income elderly. The project is also working with three public schools to help them develop and implement their own community-services programs and with Rockland to involve youth in city improvements.

Unfortunately, the evaluations of the above two projects, as well as two others previously funded by the JJAG, will not be completed due to the fact that the Administrator of the Office of Juvenile Justice and Delinquency Prevention does not believe the Office should be involved in prevention.

The JJAG has also funded two Homebuilders Projects with the Department of Mental Health and Mental Retardation. These projects provide crisis intervention teams to work with families which have a child in danger of being removed from the family. Out-of-home placement of the child has been avoided in over 85 percent of the cases.

The JJAG's Jail Monitoring Committee, which consists of representatives of the Departments of Corrections, Human Services, Public Safety, Mental Health and Education; the Sheriff's Association; the Association of Chiefs of Police; County Commissioners, the Judiciary; the University of Maine; community-based organizations; and JJAG members, has developed a plan to remove juveniles from adult jails. Legislation will be proposed and alternatives developed so that the 2000 juveniles currently detained in county jails can be more appropriately placed.

The number of juveniles arrested in Maine is declining. In 1981, 11,422 juveniles were arrested. In 1982, the number dropped to 9,745. Juveniles accounted for almost

25 percent of all those arrested. There were 117 juveniles arrested for violent crimes (murder, rape, aggravated assault and robbery). Juveniles accounted for 42.9 percent of arrests for index crimes (violent crimes defined above, plus burglary, larceny, motor vehicle theft and arson) but only comprise 28.8 percent of the State's population under 18. Maine's problem is the property offender, not the violent offender.

These problems must be viewed within the context of the fact that Maine is a rural state. Maine is New England's largest state, with a coastline of 3500 miles. Its population is slightly over one million and is 98.7 percent white. Portland is Maine's largest city, with a population of 60,000. Because of its large area, many communities and families are isolated. There are tremendous difficulties in both the delivery of and accessibility to services. Lack of transportation is a real barrier, since there is little or no public transportation. Since most services are centered in urban areas, the nearest service is often many miles or several hours away—in good weather! Many federal programs do not take distances and lack of transportation into account. Surplus food programs, for example, are not much help if individuals have no way to reach the distribution centers.

Many federal programs allocate funds on the basis of population or to metropolitan areas. Rural states often suffer on both accounts, particularly if "metropolitan" is not broadly defined.

In addition to Maine's being a rural state, it is also a poor state. When the cost-of-living is factored into the per-capita income, Maine is one of the poorest states in the country. The Task Force is extremely concerned about poverty and its effects on children, youth and families.

A recent study, Children's Deaths in Maine, Final Report 1976–1980, published by the Maine Department of Human Services in April, 1983, found that poor children die at a rate three times greater than non-poor children. The major causes of death are, in order, disease-related grouping, accidents, homicide and suicide. Maine's overall children's death rate is significantly lower than the U.S. rate (92.5 vs 110.4/100,000).

"Maine death rates for low-income children were found to be substantially higher than the corresponding rates for other children for all causes except suicide and for all ages. The differences in death rates were found to be statistically significant (at the 0.001 level) for all age groups and all causes except homicide and suicide. The small number of deaths (under 10) in the low-income or the other populations from these two causes precluded the calculation of death rates for use in test of statistical significance."

The following charts are based on 1,038 children, aged 8 days to 17 years.

Causes of death:	Ratios
All causes	3.1 to 1
All accidents	2.6 to 1
Motor vechicle	2.2 to 1
Fire	4.9 to 1
Drowning	4.0 to 1
Other accidents	1.8 to 1
Suicide	[1]1.0 to 1.6
Homicide	[1]5.0 to 1
Disease-related causes	[1]3.5 to 1
Congenital anomalies	3.7 to 1
Perinatal conditions	2.3 to 1
Other disease related	3.6 to 1
Age groups:	
8 days to 4 years	2.9 to 1
5 to 14 years	3.2 to 1
15 to 17 years	3.0 to 1

[1] Ratio included for illustrative purpose only.

"The 'low-income' children's population was defined as those Maine children and their families who receive services from the Department's income security (AFDC and Food stamps) and Medicaid Programs."

The Task Force urges the Select Committee to carefully examine the impact of poverty on children, youth and families.

Chairman **MILLER**. It is my understanding that Jean Adnopoz is now here. Please come forward, so that you can testify before we start the questioning. Ms. Adnopoz is the Executive Director of the Coordinating Committee for Children in Crisis and a research associate at Yale Child Study Center. Welcome to the committee. Your statement will be put in the record, in its entirety. An effort to summarize it will be appreciated.

STATEMENT OF JEAN ADNOPOZ, EXECUTIVE DIRECTOR OF THE COORDINATING COMMITTEE FOR CHILDREN IN CRISIS; RESEARCH ASSOCIATE, YALE CHILD STUDY CENTER

Ms. ADNOPOZ. Thank you very much. I am pleased to be here. I am Jean Adnopoz of Hamden, Conn. I am the executive director of the Coordinating Committee for Children in Crisis, and a research associate at the Yale Child Study Center. My agency makes available a range of supportive services for abusive, neglected, and at-risk families within the 20 towns of south central Connecticut. Its goal is to maintain children within their own homes whenever possible. Clients are referred to us by public and private agencies when intrafamilial or environmental stressors have jeopardized the parent's ability to meet the developmental, psychological, and cognitive needs of their children.

The agency has provided service since 1977. During the past several years we have noticed that the demand for our services has increased, but contrary to much that has been reported in the media, we have not witnessed a marked increase is serious physical abuse; rather we have noticed increased referrals of families who are so severely stressed by environmental factors that they cannot provide adequate care for their children. These families are almost exclusively poor, and dependent upon public assistance, primarily AFDC; many of these families had been able to participate in the work force prior to the implementation of the policies of the current administration.

Today it is more advantageous to some families to be on welfare rather than to work. A family of three on AFDC receives $400 a month, plus medicaid, food stamps, and energy assistance, all income supplements. A family which earns $400 a month loses all benefits. As a result we are seeing a number of families who have had to give up work, suffered damaged self-esteem and feelings of inadequacy as a result, and come to agencies such as ours to learn how they can continue to provide health care, food, clothing, and decent housing for their children. Unfortunately, some families have been so distressed by their deteriorating economic status that they have failed to claim available entitlements and, as a result, have denied their children care.

Homelessness is the major problem facing families whose problems are environmental. Many families cannot afford to pay market rents, which have increased at a rate that has not been matched by housing assistance such as section 8; rent security money is no longer available, and section 8 funding in general has been severely curtailed.

In the late seventies we were able to assist families to make arrangements for rental sharing, thereby reducing the individual family's rent cost and developing some form of family support. Today this idea is no longer feasible, new regulations now mandate that redetermination of food stamp eligibility be related to rent receipts and utility expenses; any reduction in the cost of rent and utilities reduces the size of the clients' food stamp allocation. Even if the family chooses to move to a smaller apartment to save money, the net result will be to reduce the family's ability to provide other basic necessities for its children.

Other policy changes which have driven parents from the work force include the elimination of the allowances for job-related uniforms and for transportation costs to and from work. In addition, reduction of available low-cost day care programs as well as the loss of subsidies for such care has had a severe impact on families trying to be self-sufficient. For some children inadequate day care which fails to offer stimulation has been the result too often.

Living in public housing units in itself has caused stress for families; maintenance has deteriorated and unsafe and unhealthy conditions have become common, as Federal urban housing development dollars have been severely curtailed. Lead poisoning and pica are often the direct results of falling plaster and crumbling walls.

Reduced energy assistance programs can be counted upon to bring a rash of referrals in October and November as the weather changes and families become frustrated by the lack of heat and the inability to warm children coming home with colds and other illnesses.

Some families request placement of their children when they were unable to find adequate housing or maintain the utility service. Our agency will do everything we can to help these faimilies remain together and solve their problems in order to prevent the further trauma of separation from their children.

Every day our client population reminds us that this Country has been turning back the clock, setting aside its hard-earned knowledge of children and families, of child development, of health and mental health. At this time we fear that the long-range effects of public inattention to children for care, protection, and nurture will plague us for generations.

I would like to turn for a moment to some of the intrafamilial problems which come to our attention. In some instances children are learning patterns of response which are violent and assaultive, or are being seriously damaged in their own homes as victims of physical or sexual abuse. In other instances families are rejecting of, and unresponsive to their children; we have noted an increase in adolescents requesting out-of-home placement with the approval of the parent. Battered women's shelters are serving hundreds of children who, if not attacked themselves, have been taught that aggression is an appropriate means of conflict resolution.

Because we know that parenting is a learned skill, our agency believes that we must find noncoercive and nonstigmatized ways to make information and support available. Schools, health, mental health, and child welfare programs for families in order to break generational cycles of poor parenting should be asked to collaborate in a major effort to educate the young so that they can become nurturing, caring parents and break the cycle of abuse and neglect which will surely perpetrate itself if we do not attempt to change its course. The families that we see are not serious abusers of children. Rather, many present as depressed and unable to change. In some families we find a pervasive sense of hopelessness and despair. As a society, I believe we have a responsibility to help these families find a brighter, more productive future.

I have with me an article that appeared in yesterday's New Haven Register and which speaks to the direct result that poverty has on a family's ability to raise its young. I hope you will find it helpful. Thank you.

[Prepared statement of Jean Adnopoz follows:]

Prepared Statement of Jean Adnopoz, Executive Director, Coordinating Committee for Children in Crisis; Research Associate, Yale Child Study Center

I am Jean Adnopoz of Hamden, Connecticut. I am the Executive Director of the Coordinating Committee for Children in Crisis, and a Research Associate of the Yale Child Study Center. My agency makes available a range of supportive services for abusive, neglecting and at risk families within the twenty towns of South Central Connecticut. The agency believes that children are best served if they can be maintained within their own homes. Clients are referred to us by public and private agencies when intra-familial or environmental stressors have jeopardized the parent's ability to meet the developmental, psychological and cognitive needs of their children.

The Agency has provided service since 1977. During the past several years we have noticed that the demand for our services has increased, but contrary to much that has been reported in the media, we have not witnessed a marked increase in serious physical abuse; rather we have received referrals of families who are so severely stressed by environmental factors that they cannot provide adequate care for their children. These families are now almost exclusively poor, and dependent upon public assistance, primarily AFDC, although many families had been able to participate in the work force prior to the policies of the current Administration.

Today it is more advantageous to families to be on welfare than to work. A family of three on AFDC receives $400 a month, plus Medicaid, food stamps and energy assistance, all income supplements. A family which earns, $400 a month loses all benefits. We are seeing a number of families who have had to give up work, suffered damaged self esteem and feelings of inadequacy as a result and come to agencies such as ours to learn how they can continue to provide health care, food, clothing and decent housing for their children. Some families have been so distressed by their fall to dependent status, that they have failed to claim their entitlements and, as a result, their children have not received care.

Homelessness is the major problem facing families whose problems are environmental. Families cannot afford to pay market rents, which have increased at a rate that has not been marked by housing assistance, such as Section Eight, rent security money is no longer available from the State Human Resource Agency, and Section Eight funding in general has been severely curtailed.

In the late seventies we were able to assist families in making arrangements to share rental, thereby reducing the individual rent cost and developing some family support. Today this idea is no longer feasible as new regulations mandate that redetermination of food stamp eligibility be related to rent receipts and utility expenses; any change downwards reduces the clients' food stamp allotment. Even if the family chooses to move to a smaller apartment to save money, the net result will be to reduce the family's ability to provide for its children.

Other policy changes which have driven parents from the work force include the elimination of the allowance for job-related uniforms and the allowance for transportation costs to and from work. Certainly the reduction in available low cost day care, and the loss of subsidies for such care has had a severe impact on families which are particularly self-sufficient. For some children inadequate care which fails to offer stimulation has been the result.

Living in public housing units in itself has caused stress for families; maintenance has deteriorated and unsafe and unhealthy conditions have become common, as federal Urban Housing Development dollars have been severely curtailed. Lead poisoning and pica are often the direct results of falling plaster and crumbling walls.

Reduced energy assistance programs translate for us into a rash of referrals in October and November when it suddenly gets cold and families have no heat, children begin to get sick and families become frustrated and desperate.

Some families have requested placement of their children because they were unable to find adequate housing or maintain the utility service. We will do everything we can to prevent the further trauma of separation for these children.

Everyday our client population reminds us that we have been turning back the clock, setting aside our hard-earned knowledge of children and families, of child development and our intuited sense that the long range effects of public inattention to children's need for care, protection and nurture will plague us for generations.

We must begin to think not only in terms of guaranteeing each child the basic necessities of life, but also of helping to prevent some of the intra-familial problems which come to our attention.

Too many children are learning patterns of response which are violent and assaultive, or are being seriously damaged in their own homes as victims of child sexual abuse, particularly in incestuous relationships. Families can be rejecting of and unresponsive to their children; for example a regional DCYS office with which I consult has recently reported a significant increase in adolescents requesting out of home placement. Battered women's shelters are serving hundreds of children who, if not attacked themselves, have been taught that aggression is an appropriate means of conflict resolution. Because we know that parenting is a learned skill, we must find non-coercive, non-stigmatized ways to make information and support available. Schools, health, mental health and child welfare programs should collaborate in a major effort to educate the young so that they can become nurturing, caring parents and break the cycle of abuse and neglect which will surely perpetuate itself if we do not attempt to change its course.

SUMMARY

The Coordinating Committee for Children in Crises has experienced an increase in referrals of families who are in distress because of problems resulting from changes in housing, entitlements and income supplement programs. These families are not serious abusers of children, rather they present as depressed and unable to cope; they exhibit a pervasive sense of hopelessness and despair.

Approximately one third of the Agency's case load is composed of families who are experiencing severe intra-familial problems, including incest and child sexual abuse, as well as loss of control resulting in physical battering. In addition to a range of needed interventions, human service systems need to consider prevention programs which can help break these learned patterns of parental response.

[From the New Haven Register]

THE CITY'S POOR: A GRIM PICTURE

(By Dick Conrad)

New Haven is the seventh-poorest major city in the country.

Nearly one of every four city residents lives in poverty.

Poverty is more common here than in Boston or Detroit or New York City or Philadelphia. In New England, only Hartford has a higher percentage of poor people, according to a 1979 Census Bureau study.

New Haven is a city of contrasts. One of every four New Haven families earns less than $7,500 a year, but the same number of families earn more than $24,000. The deteriorating housing and vacant lots on Winchester Avenue are only a few hundred yards downhill from some of New Haven's most expensive homes on Prospect Hill.

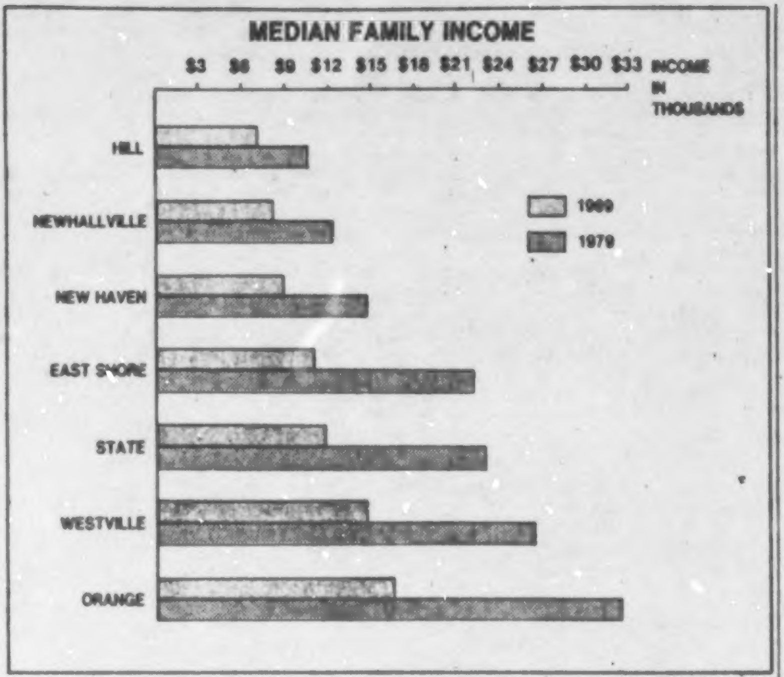


chart by BOB TUTSKY

Income levels have risen in 10 years but remain proportionate.

New Haven does not have a monopoly on poverty in its region. There are 27,976 poor people in the 27 towns surrounding New Haven, more than the 27,021 in the city itself.

It is the concentration of poverty in New Haven that places heavy burdens on the city's schools, police, health facilities and social service agencies.

Census figures show that the number of poor people in New Haven grew by 4,200 between 1969 and 1979, even as the city's population dropped by 21,000.

Census data also show that:

One of every three New Haven children lives in poverty.

Forty-two percent of Hispanics living in New Haven are poor, compared with 23 percent of blacks and 17 percent of whites.

Poverty is increasingly becoming a female burden. Nearly three of every four poor families in 1979 were headed by females, compared with 55 percent in 1969.

One of every four people under 55 is poor, compared with one of every seven persons older than 55.

The poor live in every city neighborhood. Five percent of the families in Westville and Morris Cove are poor, even though family income in those neighborhoods averages $24,000 a year. Nine percent of the families in Fair Haven Heights are poor, and 10 percent of families in the East Rock area.

The poorest neighborhoods are the Hill and the area northeast of Wooster Square, the latter dominated by the Farnam Courts housing project off Grand Avenue. Thirty-eight percent of families in the Hill are poor, and a staggering 48 percent of families northeast of Wooster Square. Median family income in the latter area is $6,604.

Perhaps the largest single contributor to poverty here is the flight of manufacturing jobs from the northeast, which began in the 1950s.

In the late 19th century and first half of the 20th century, low-skilled people were attracted here "because entry-level manufacturing jobs provided some avenue of mobility to higher-paying job," said Mary Lou Skerritt of the City Plan Department.

World War II boosted manufacturing employment in New Haven, and by 1947, half of the city's workers were employed in its 35,065 manufacturing jobs.

But plants became obsolete, and there was no room to rebuild in the city. Manufacturers could move to the South or Midwest, pay lower wages and taxes and be closer to raw materials.

Manufacturing employment in New Haven fell to 27,240 in 1960, 20,900 in 1970 and 12,700 by 1979. Today, only about 14 percent of city jobs are in the manufacturing sector.

"The city has become less hospitable to people with low-level skills," said Skerritt. Companies that once employed beginning workers "are looking for people who already have skills."

Skerritt said the poor cannot find the jobs that would enable them to move to better areas.

"Earlier groups moved upward and could get out," said Skerritt. "Now, because of the shrinking job market, there's no place to move up (in employment). With the cost of housing in the suburbs, many people can't afford to leave the city. And you can't deny the fact of racial prejudice."

The number of poor people here continues to grow. "I don't think it is migration as much as people staying and having families," said Skerritt.

The city's black population; 23 percent of which is poor, increased from 9,600 in 1950 to 40,000 in 1980. There were few Hispanics in New Haven prior to 1950, but that segment has doubled in the last 10 years to 10,000—although some say there are more than 15,000 here.

City Chief Administrator Officer David L. Warren said New Haven almost has been a victim of its own generosity.

"New Haven has tried to cut a better deal for people of limited education and income," he said.

"We rank 30th in the nation in subsidized housing. One of five persons in New Haven lives in a subsidized unit. One-third of the city budget goes to education, and one in 10 city dollars goes to human resources."

New Haven, he said, "has not been a town hostile to poor people." But he said the city will have to decide "at what point it will not expand the resources that attract or retain poor people. I don't propose we are at that point yet."

In April, Mayor Biagio DiLieto appointed a Special Commission on Poverty to study poverty in New Haven and make recommendations.

Nearing the end of its work, the commission is frustrated.

"The commission cannot solve the problem of poverty in New Haven," said Chairman Douglas Rae.

"Even if we had the whole power of the city and the whole power of the state, we couldn't totally prevent the economic events which affect our population. Without those powers, our aims must be modest."

Staff photo by PETER R. HVIZDAK

Patricia Bunnell cradles her baby John.

Living just to survive

By ROBERT A. PHILLIPS
Staff Reporter

June 30. The afternoon hours.

Patricia Bunnell is 23 years old but will look a lot older after another day of being "maintained." In the heat, her black hair will turn stringy and oily and her round face — which looks like her mother's — will smile less as the day wears on on State Street.

She has three children by two different fathers to worry about again on this day. Two are at the maddening ages of 2½ and 3½. They run, squawk, squeal, whine and want from 6 a.m. to 8 p.m. when they pass out from exhaustion. The other is just 5 months old.

It seems it has always been that way. It all started one day in a dentist's office when Patricia, then 15, had to tell her mother she was pregnant to explain why the doctor was refusing to give her X-rays and medication for a tooth problem.

She dropped out of high school to take care of the baby. She never married, but has had four children fathered by three different men. One child does not live with her. She has been on welfare for three years straight now, ever since she quit her last job working in a laundromat doing other people's dirty clothes. Why did she quit? She was pregnant, she says.

It has always been like this

Patricia Bunnell, 23, is devoted to her sons. "I don't mind taking care of the children. I always wanted kids and I knew what I was doing when I had my first one."

Today, her life is again centered in the fourth-floor apartment above a pizza parlor on State Street. There — with her small kitchen table and chair and stool, her single bed where the children sleep, her battered furniture she bought at Goodwill and her dreams of affording a can of paint to brighten a wall or scraping a few dollars together for a used mattress so she won't have to sleep on the floor — she is playing out another day in her life.

She says she is poor. She says she can't afford a fan to hold off the heat and has to sleep with a cold towel over her body all night. She can't remember the last time she paid to see a movie. And, she says, she is poor because she couldn't make it without $516 a month plus food stamps from the state.

Out of that comes $260 a month rent, another $125 for utilities. Pampers for the baby. Change for wash. Cigarettes for her. Chicken, macaroni, rice, beans and cereal and milk to live on. Cab and bus fare when she doesn't feel like walking to the store.

Her life revolves around her children. You can't convince her that the children she so relentlessly loves and cares for each day might be holding her back and, perhaps, dooming her to years more on the welfare rolls.

I wonder if she has devoted her life a bit too much to these children. But, after living with Patricia on and off for three days to get a close look at her life, I guess maybe I'm just coming from a different side of the tracks.

"I never had any material things so I really don't miss them," she said. "I've never been farther than Hartford in my life. My grandmother took me there when I was a little girl.

"I don't mind taking care of the children. I always wanted kids and I knew what I was doing when I had the first one. I don't believe in abortion and believe having an abortion is murder. None of the kids were accidents."

"But, why do I have to pay for your decision to have the kids you can't support?" I asked Patricia.

"That's a tough question," she answered, sitting at the table above the pizza parlor. "I can't answer it."

Different side of the tracks. And, before I left Patricia this day, I couldn't help thinking how ironic it was that on State Street, in the section where Patricia lives, there is something called a "beautification" going on.

Paul, the owner of the Blue Moon Cafe, one day put this thing into perspective. The outside of the buildings might look better, he said, but inside, they haven't changed at all. He knew that people like Patricia still lived behind them.

FILMED FROM
BEST COPY AVAILABLE

Patricia does some early morning chores in her sparse kitchen.

June 27, 3:05 p.m.

There is one great truth about the poor. They lead boring lives. Take today. Patricia is sitting at the kitchen table with nowhere to go and the kids — as usual — making a racket.

When you have no money, no job and the highlight of your day is taking one of your kids to a free clinic for a physical and giving the kids their second bath of the day at 6 p.m. — as Patricia did today — how can you call it anything else? But, Patricia says she is not bored, she loves watching the kids grow up.

"This is the life I wanted," she says today.

Her life is probably like those of the 8,100 other welfare mothers in the New Haven area who this year will be given a total of $40 million to feed, clothe and shelter their children and themselves. Like the majority of the 8,100 mothers, Patricia is white. Like 93 percent of women getting money under Aid to Families with Dependent Children, Patricia receives no support from the fathers of her children. Like 58 percent of AFDC mothers, she is under 30 years old. And, like 58 percent of the welfare mothers surveyed by the state Department of Income Maintenance in 1979, she says she can't work because she has to take care of the children.

She says she would like to work, to give her children more. She says if someone offered her a job, she'd probably take it — even if it was for less money than she gets on welfare.

Normand Hebert, the district director of the state welfare office, later would agree that women like Patricia would be foolish to take a job and actually make less money than what welfare pays. With no skills, Hebert said, a low-paying job is all that waits for Patricia.

"There is not much hope and little we can do other than maintain them," Hebert would say.

With nothing to do but yell at the kids to calm them down now and again in this continuing heat wave, Patricia finds herself thinking back to the 1960s. Of the bad days, like today. A bad day, she says, is when the kids act up all day.

Patricia is the eldest of six children. Her older brother died in a house fire in Northford when she was just a baby. Her parents, now divorced and both remarried, were never on welfare and the kids didn't want for anything. Her father had a good job with the railroad. She still has what she calls a good relationship with her parents.

Over the years, she says, she has developed a great fear of leaving her children with somebody else while she goes to work. Perhaps it is because Patricia was in a foster home for awhile after her mother was burned in the house fire.

And, she has a fear of the state telling her she is not a good mother and taking her children away. She tells a story today of how, after having her first son, Todd, she had a nervous breakdown and was forced to give Todd to her father to take care of. She says that her father remarried; now she can't get her son back without a court order, and she can't afford to go to court.

So, here on State Street she stays, with Robert, 3½, and Sky, 2½, and baby John. Oh, she doesn't mind taking care of the children. She likes it.

There is Sky, a blond, hyperactive child who likes to kiss. He is tougher than Robert and was named after the main character in the old "Sky King" television show, which his father, John, liked.

Robert is dark-haired and quieter. He doesn't cry or whine as much as his brother and is more disciplined.

And, John, the baby, just smiles a lot and stays mostly in his crib all day. You don't hear much from him until his brother decides to jump in with him and bounce around.

"These are the years to enjoy them, before they grow and move away," she says.

June 28: The night

I couldn't help thinking about John after I had lain down on the sleeping bag that I had flung on the floor of a side room in Patricia's apartment. John is the father of two of Patricia's children and had come over to visit. When I fell asleep, he was still sitting on the floor in the bedroom watching television.

Patricia had said he is a good father. John doesn't work, but anytime he gets a few extra bucks he trys to help her out. And, she says, he's good about baby-sitting the kids.

John says he was just 3 months old when his mother gave him away to his aunt. He doesn't know why his mother gave him away.

"She must be old now," he says of his unknown mother. "Maybe 55 or 60?"

In the hours John sat on the floor on the side of the bed watching the black-and-white television that sometimes shorts out because of a picture tube problem, all he seemed to talk about was people who had broken away and gotten good jobs. Like the man who married John's sister. He came here with nothing and now has a good job working as a shop foreman. And, how about the relative who got one of those rehabilitation grants, fixed up an old house and turned it into a home?

Dreams of a good house and a job. Patricia spoke earlier in the day about the time she had gone shopping and returned to her apartment on Fox Street only to find the place had been condemned and she had just hours to move out and find somewhere else to live.

And a job? Patricia has no real skills. One of her best jobs was taking care of an elderly woman. She liked that work — caring for people. But when she tried to get a job doing it, she found she needed a certificate and gave up.

She doesn't complain when she tells these stories. The stories are just part of her life, and she tries to make the best of everything.

She'll make the best of having to sleep on the floor. "My back hurts anyway and I hear sleeping on the hard surface is good for it." She told John earlier that by sleeping on the floor beside the bed, she can catch the kids if they fall off.

I thought about all these things waiting to fall

Staff photographs by PETER R. HVIZDAK

FILMED FROM
BEST COPY AVAILABLE

Climbing down from her fourth-floor apartment above the pizza parlor on State Street, Patricia takes her children to the park, where she watches them closely. "At least I can enjoy them while they are young."

Patricia hardly has time for herself but she takes a moment to light a cigarette while the children enjoy the playground.

asleep. It had rained all day but it was still hot. Just before I went to sleep, John came in to offer me a pillow. It was only an old blanket stuffed in a pillowcase, but I accepted it.

June 29. The morning.

They are so much alike. Donna [illegible] and Patricia [illegible] have been friends for seven years ever since meeting on Grand Avenue. Both are 22 years old. Both have three children living with them by fathers who don't support them. Both were pregnant at 15. Both are on welfare.

Donna, a soft-spoken, polite, big-boned Irish woman, lives in a $225-a-month apartment on Mill River Road off East Street. Patricia went down to visit her today and pass a little time.

Welfare is nothing new for Donna. She was an only child, and her father couldn't find a job when she was growing up. When you ask Donna how long she and her children have been on state aid, she counts it out on her fingers: "One ... two ... three ... four ... five-six ... seven ... eight ... Nine years."

She said she hasn't found a way out yet. Long ago, she worked under the old CETA program, and while attending high school, she worked at the Connecticut Mental Health Center. Long ago.

If the children hadn't come so early, she thinks her life would have turned out differently. Donna still has dreams of finishing high school and becoming a nurse — maybe when her youngest children, who are twins, turn 5.

Donna's first child came after she forgot to take her birth control pill for a couple of days. The father ran off. She remembers telling her father that the man she was having the child by was Puerto Rican. She worried that her father would be prejudiced and shun his grandchild. She recalls telling her father that if this was his attitude, she would have an abortion. But, her father advised her to have the child, and she did.

Next came her 3-year-old twin boys, by another man who ran off.

Runaway men? Donna still thinks they wronged her by running off and refusing to support the children. She gave their names to the welfare department, hoping they would be tracked and made to pay a little. No luck yet, although she still hears of them being around town.

Patricia and Donna talk on the porch outside the house where Donna has lived for four years now. The talk turns to a relative who had an abortion, problems with neighbors, etc.

The heat is still vicious. While washing baby John on the kitchen table before visiting Donna, Patricia said that her life hasn't changed since she was a teen-ager.

Back then, her main chore while growing up was to clean the house and make the beds. The only thing she remembers was having to clean her brothers' room. She doesn't know why they didn't clean their own rooms, but they didn't. The brothers had it easier; they took out the garbage and raked the yard. Patricia had to clean the house.

She doesn't think she was loved much as a child. But, she won't explain why she thinks that.

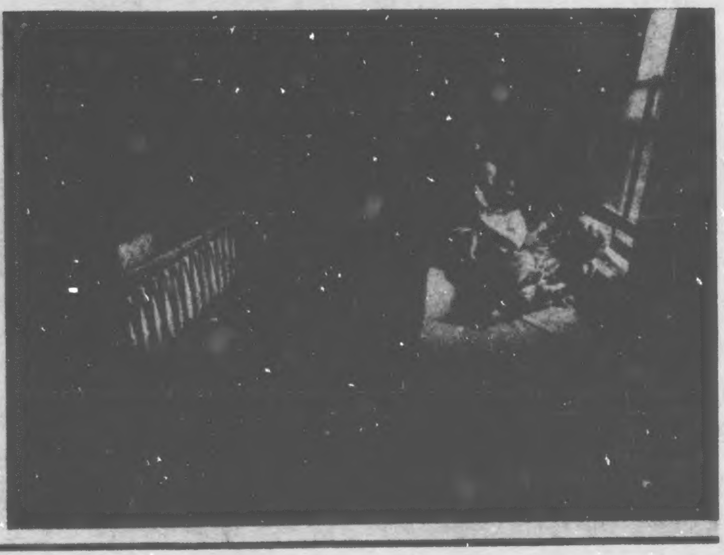
For now, she wants you to know that she is trying to break away. She says she goes downtown and walks through the stores asking for jobs. "They all tell you you need experience and how am I going to get the experience if they don't give me the job?"

As she watches her children grow, she fears that they will inherit her struggle. She worries they might have a harder time of it than she is having.

She says she will not have any more children. Now, she will wait for her children to grow so she can become a grandmother. Her next ambition.

"That will be the proudest day of my life," she says.

Patricia, feeding baby John, says that the $158 in food stamps she receives each month is enough to feed herself and her family. During the day they can relax on the bed, but at night the boys sleep in the bed while Patricia sleeps on the floor beside them.



Chairman **Miller**. Let me address a question or two to Ms. Adnopoz and Mrs. Carlisle. Both of you have talked about families that are trying to have their children placed outside the home, or these moves are generated by adolescents that are seeking to be placed with their parents' permission out of their home. I assume economic concerns that the family has, and whether or not the basic necessities for those children are available are factors. Could you elaborate on these points? And others of the panel, if you have information relating to this, I think it would be very helpful.

This is a somewhat different case where an agency asks for the removal of children because of various conditions that exist. In this instance you are talking about people, if I understand what you are saying, coming forward and suggesting that their children would be better off, not necessarily because of abusive situations, but because of their inability to simply hold this family together.

Ms. **Adnopoz**. That is right. We do see some cases in which the family is so strained and overwhelmed by what is happening and feeling so unable to provide for its members that it finds few options left. Parents then say to the State, I cannot manage, take my kids and place them. Hopefully I will get it together, will be able to find a place to live and can bring everyone back together.

To see a family separated because adequate housing is not available or the family does not qualify for assistance is particularly distressing.

The reasons adolescents ask for out of home placement vary. They are not simply economic; much has to do with the relationship between the child and the family. As a panelist has mentioned, children have been running away from home for a long time.

Chairman **Miller**. Mrs. Carlisle.

Mrs. **Carlisle**. The families who are voluntarily giving up their children to the State are doing so for strictly economic reasons. They simply do not have the money to feed them, to clothe them, or to provide medical care for them. In some cases, they have difficulty finding a place to live. In spite of a law that was passed by the legislature last session prohibiting discrimination against families with children in rental housing, landlords are still doing it. You still see advertisements in the paper saying "no children allowed" or "adults only." In order to shelter their children, sometimes the only option families have is to give them up.

Another thing we are finding is that it is sometimes one or two children in a family, usually an adolescent. In these cases it is not necessarily because the adolescent is the more difficult one with whom to live, though I do have to admit to times when I would be willing to send my three teenagers out to anyone who would take them, but rather because they are older and parents believe, perhaps, more capable of surviving on their own. It is similar to the last century when children used to be sent to the mills in Massachusetts to work when they were 12 or 13. Some of these adolescent children are teenage mothers and the family simply cannot afford a baby in the house. The mother and the baby are then going to agencies and being placed in a foster home. They are both still children, and they find a foster home licensed to take care of two children.

Chairman **Miller**. That is a pretty grim picture.

Mrs. **Carlisle**. It is.

Chairman **Miller**. The other thread that runs through the testimony on this panel is poverty. For low-income families, the already existing stresses seem to start to magnify because of poverty related problems. For example, Ms. Goldman tells us of the large number of people that come to the East Harlem Project who simply have not eaten prior to coming in for their allotment. What might have been a family problem with adolescent acting out becomes also a problem of a hungry teenager in that household. I think it is something that this committee has to focus on. There appears to be a division taking place in this country with respect to family stress. Ms. Carlisle makes the same point, citing the report of the Economic Opportunities Commission, which points out that poverty is accelerating, especially for female-headed households, and their ability to cope is eroding.

Congressman Fish.

Mr. **Fish**. Thank you, Mr. Chairman.

First, research. Both Ms. Best and Ms. Carlisle talked about the need for research, and are there any—I will confess I was hopeful when I saw the Yale Child Study Center that you would be the research source, but I gather that you are an operational unit, just like the others.

Who is doing the research now? Aren't the Ford Foundation and the Carnegie Foundation involved today?

Is there any, whether it is publicly funded or privately funded, institute or university or foundation that your groups look to? Anybody can reply.

Ms. **Horton**. I can specifically address that question as it relates to Project New Pride under the Office of Juvenile Justice Delinquency Prevention, that Juvenile Resource Center in Camden, New Jersey is part of.

The Higher Pacific Institute and Research Evaluators in Lafayette, California, has compiled the data addressing the success of Project New Pride under OJJDP.

The preliminary reports that were published in 1981 and 1982 are available. The final report documenting the successes of Project New Pride has not been published.

That information should be available in 1983, 1984, but Pryor is the research component that evaluates specifically Project New Pride, OJJ.

Mr. **Fish**. Is OJJDP part of the Department of Justice?

Ms. **Horton**. Yes; it is.

Mr. **Fish**. Did they explain to you, Mrs. Carlisle, when they said that they weren't going to fund your prevention efforts, why the Congress called the act the Juvenile Justice and Delinquency Prevention Act?

Mrs. **Carlisle**. I asked that question and pointed out that it was half the title of the act and that it was mentioned over 75 times in the body of the act. I was informed that the Office of Juvenile Justice should be more like the Department of Justice; that its main purpose was to protect society; that its duty was to apprehend, prosecute, and punish juveniles; that rehabilitation does not work; that the juvenile justice system has been a total failure; that primary delinquency prevention, which is what we are talking about here, is not a function of the Office of Juvenile Justice, but should be done by the other Federal and State departments; and that it was impossible to do anyway; and it didn't make any sense; and Juvenile Justice didn't have enough money to do that.

Instead, it is going to concentrate on serious offenders.

Mr. **Fish**. Are we going to get a copy of what you just said, because the former testimony didn't track what you said.

Mrs. **Carlisle**. I am going to send you a complete copy of the testimony.

Ms. **Kelly**. Perhaps I can tell you about a study being done by the Children's Defense Fund and the Association of Junior Leagues called Child Watch, which is documenting the budget cuts across the country. There are different groups really taking care of it in each State.

The findings of the various Child Watch projects will be coming out shortly. They have done their first one or two rounds of interviews, but they are really trying to assess where the budget cuts have hit.

Ms. **Best**. Congressman Fish, I don't think it is so much that we believe that more research needs to be conducted, and particularly that targeted quantitative analysis of problems.

We have done it time and time again. Academic institutions have been studying social questions for years and years.

That is the American way. The problem is that we have no policies governing our care and concern for children. We have agencies and communities and Government agencies, public and private together, usually not together, wanting to help and taking a look at the question, but not getting any kind of general assistance from the Government that says that this way, which we have tested longitudinally, that is, we have tracked a bunch of kids from kindergarten to 12th grade, we have a control group.

We understand that these kinds of curricula in the classroom make a difference in the behaviors of that child, knowing, of course, there are lots of environmental variabilities that you can't control for and over time things within our society do change, but we can consider those as well if we care to.

The problem is that there are, once again, no policies that cross our Nation through its institutions that presents a public attitude toward the protection and defense of the welfare of children, and so our fiscal austerity that fluctuates from administration to administration, and our outcry against increases in taxation takes precedence over any kind of common denominator of concern for people.

That is what is constantly disturbing to those who find that the money flows for one administration, stops another, and that a new program model must be designed under a discretionary pot of money from some Federal department that decides all of a sudden it has got some extra dollars to throw around.

The work of Dr. Albert J. Solnit, past Director of the Yale Child Study Center, underscores the need of children to be raised in a consistent manner by a psychological parent to whom the child can relate for all of his or her developing years. We should acknowledge that children need to be cared for, protected, and loved. The provision of such care may help to prevent juvenile delinquency but it will also help prevent a whole range of other issues and problems that face children.

So to me prevention means a commitment on the part of this country to providing support services for families in a voluntary manner, so that they can do the best job they can for the children who live within their own homes. It means assistance and public support so that families are insured basic necessities. Once we are able to do that, to make that a primary commitment of this country, we hope to see children who experience fewer difficulties and are less likely to enter the criminal justice system.

Mr. FISH. Thank you. This is addressed to Ms. Horton.

You stated in your prepared testimony a large percentage of convicted youth are best and most inexpensively served by community-based units of the juvenile justice system, and then we talk about Juvenile Resource Center, Inc.

How are youth referred to you?

Ms. HORTON. We receive youth through Juvenile Justice, through judges, probation officers. As I stated earlier, sending districts, school district child study teams frequently will evaluate a youth in the State of New Jersey, with a school psychologist, a school social worker, and a learning disability teacher consultant and will make the referral to the center.

So, basically, we get children from school systems and also judges, probation officers. We have also received referrals from Division of Youth and Family Services.

Mr. FISH. So it is not a prerequisite that the person has been incarcerated?

Ms. HORTON. That is correct.

Mr. FISH. How many are?

Ms. HORTON. Out of a population at two centers, we would have approximately in a given year less than a 100—about 50 percent of our youth may have been previously incarcerated.

Mr. FISH. On the question of the expense, you say more inexpensively served by community-based units. Can you compare the cost of your program to the cost of institutionalization?

Ms. HORTON. Most definitely, without a doubt. In the State of New Jersey, to incarcerate a youth we are talking about approximately $23,000 for 1 year.

That community-based program with Juvenile Center Services, we are talking about providing adequate comprehensive educational and counseling services for a 1-year period of time for less than $6,000.

Mr. FISH. Would you give my best to my cousin and your Governor, please?

Ms. HORTON. If I see the Governor, I will do that.

Chairman MILLER. Mrs. Boggs.

Mrs. BOGGS. Thank you, Mr. Chairman. It is fortunate that I am limited in time, because I am just dying to ask every one of you all sorts of questions and to thank all of you most sincerely, not only for your testimony today, but for what it represents and the amount of work and study and research that you have extended for so many years.

Ms. Best, of course, we should add the continuity of study to the continuity of care and continuity of funding.

It is essential to both of the other areas. I keep hearing the theme of homelessness and hopelessness. Because one of my duties on Appropriations is HUD, I would like to address my questions especially to the homelessness aspect.

Mrs. Carlisle, I first became interested in the enormity of the problem of domestic violence because of working with bag ladies, with trying to provide a home for homeless and destitute women. The moment the home in Washington, D.C. was opened, the doors were pushed in by women who were also victims of domestic violence, and so I feel very sad that even in rural Maine we are finding the necessity of having homes for bag ladies. Thank heaven you are taking the preventive measures of locating some places before the severe winter sets in.

What can we do about the homeless?

What can the Federal programs in housing do to alleviate the problems of homelessness?

Who would like to start off?

Mrs. CARLISLE. Housing is not one of my areas of expertise. However, I do have some information on it which we discovered when the United Way of Greater Portland, through the Social Planning Committee, did a needs assessment report, and one of the five areas identified by the community was housing.

One of the reasons that housing is in such short supply—in fact, there is a 2-year waiting list for decent, affordable housing in the Portland area—is that there is much more housing built for the elderly than there is for families and that happens because developers find it less risky in terms of a return on their investment both in maintenance of the buildings and because it is more attractive to town officials and to abutters.

Consequently, there appears to be a push to elderly housing, forgetting about housing for the family. Now, I don't know enough about housing to know if the Federal Government with its HUD money, puts any restrictions on guidelines in terms of how much of that money should go to family housing and how much to elderly housing, or not, but that has been a real problem for us.

Mrs. BOGGS. They are separate programs with separate funding and separate numbers of units.

Mrs. CARLISLE. Or something to that effect——

Mrs. BOGGS. They already are.

Mrs. CARLISLE. Well, somehow it is not working and I do not know enough to tell you why not. The other problem is that in rural areas there are fewer units available, they are in much greater need of repair and the rehabilitation housing money is targeted to metropolitan areas.

Maine's bigest city is 60,000 people. It has to be a very liberal definition of metropolitan for us to even qualify.

Mrs. BOGGS. There are those of us who have tried to make sure cities of less than 50,000 people are adequately protected under the programs, but it doesn't always work.

Mrs. CARLISLE. One thing that Portland did was to develop a loan pool with local banks for housing rehabilitation. This pool is composed of half Federal community development funds and half private banking funds, and they use that together to provide funds for rehabilitation units.

Mrs. BOGGS. Ms. Goldman, do you have any suggestions about homelessness?

I know that you have dealt with crises in so many situations here in New York.

Ms. GOLDMAN. That is not my area of expertise, but I will say that I think some of the statistics that have been cited—for example, the fact that there are admittedly 17 percent of people in public housing projects in New York City who are doubled up, 17 percent of the units have more than the family that is scheduled to be living there actually living there.

The same thing is happening in the nonpublic housing with large numbers of people having to double up because of the burnouts and so on, and I think it goes back to the question that Congresswoman Mikulski raised before—I mean, there is something very off-base about being able to pay $2,000 a month, which, frankly, you could place those people in apartments on Columbus Avenue, Park Avenue, or places where the neighbors might not be too happy, but in terms of money, $2,000 a month is ridiculous.

The same families are allowed $218 maximum—I even brought with me a newspaper—I just took a look at the daily news ads trying to find someplace that got near to $218 a month.

Well, it was ridiculous. There is nothing advertised, even if it doesn't say no kids and all that, that isn't at least $350.

I am not talking about terrific neighborhoods now. I am talking about places where you would have to live.

So that people are taking other money to do this. The big question is—somebody mentioned before if you were spending another few hours here and we could take you on a little ride up into the Bronx or east New York or Brownsville, and guarantee that we could get you back, you would see miles of really excellent, basically excellent housing just gouged out, just empty, tremendous buildings that if just some of that money that was talked about before, that $7 million figure that you came to, was spent on rehabilitating that housing, but instead of that you have this situation—also, I just want to point out that in New York, for instance—everybody comes here and says, well, the problem is so big you can't deal with it.

I am worried about the single individuals that you see and so on. But here we are dealing with homeless families, and I gather the same thing is true outside of New York City.

Of course, we deal with it in larger numbers. There just has to be public funds. It is not going to be done by the private sector.

Mrs. BOGGS. One problem that was somewhat addressed, but not really out on the table, was the percentage of Hispanic children who are not enrolled in school that Ms. Kelley talked about, 80 percent of the Hispanic children not enrolled in school.

I think this perhaps touches on a problem that we have not addressed, and that is the illegal aliens and the refugee families who are in our midst. By any chance does the percentage of Hispanic children not enrolled in schools have any bearing on that situation?

Ms. KELLY. No; that is not where that figure came from. These were Hispanic children primarily—well, in Newark, but they were legally there.

I think it is part of the cultural and the ethnic way of Hispanics sometimes that we don't know how many of them there are. The services aren't there to even really talk to them sometimes because of the language barrier, but these were really children who should have been in school and it was easier for the education system in Newark not to have them in the school, so why go out and look for trouble.

Mrs. **Boggs.** With family, friends, and neighbors taking care of each other, of course, that often includes refugee families, and illegal alien families.

Ms. **Goldman.** When the school lunch regulations were changed to insist—the requirement was made that the social security number be listed on the application for free or reduced-price meals, and it had a devastating effect in that particular community in New York because even though legally you could say none if you didn't have a social security number, hardly anybody was fool enough to do it who didn't want to have some problems.

So a large part of the number of children were withdrawn from participating in the programs. It is things like that that happen, either people don't realize it is about to happen or maybe they do realize it and it is one way of cutting down on the program.

But it had a terrible effect here.

Chairman **Miller.** Congresswoman Mikulski.

Ms. **Mikulski.** As usual, Mrs. Boggs has asked many of the questions that were on my mind. Let me, first of all, thank the panel for their excellent testimony.

What is also impressive is the number of people who have volunteered their time through the Junior League and Congressman McKernan's task force.

Mrs. Carlisle, I know that your governor is doing an outstanding job chairing the National Governors' Conference on the problems and concerns of children.

Mr. Chairman, the National Governors' Association has just put out some booklets on the topic that I think would be wise for our committee to get.

I have two questions. One for Ms. Goldman, and one for Ms. Horton. Ms. Goldman, in your testimony you referred to something called the churning campaign. Could you tell me what the churning campaign is?

It didn't sound so good to me.

Chairman **Miller.** In most contexts, it is an illegal term to describe illegal activity, when you are churning something.

Ms. **Goldman.** It is an illegal activity. Unfortunately, it is being conducted by the city government.

When we refer to churning, what we are talking about is as follows. Families who are participating in the welfare and food stamp programs, as you know, have to constantly be either recertified, or now with this devastating monthly retrospective reporting that the new administration has put through, you have a lot of regulations that you have to stay with.

What happens is that if somebody for some reason—I am talking about eligible people now, OK, who get knocked off the program, they get put out of the program temporarily for some reason, somebody didn't put in a form, the family was burned out and moved, for example, and they didn't get some kind of a thing that they were supposed to return, for a variety of reasons, whether it is human error on the part of the client, human error on the part of the people in the administration, computer error very often, which just kicks somebody out, they do not receive their benefits.

These are not ineligible people, so the reason for the term "churning" is that they then come back into the system a month or 2 months later. However, two things have happened in the meantime.

One is that the city has saved an estimated $7 million a month in churning the people out, and second, the people have been made miserable and have been made totally dependent upon the emergency services that are provided voluntarily in their communities.

Ms. **Mikulski**. Is there a deliberate policy? The Harlem group describes it as the human resources churning campaign. A campaign is a conceptual framework consciously arrived at and deliberately implemented.

Is that it?

Ms. **Goldman**. In my opinion, yes. I am not one of the people that wrote that particular report, but I happen to believe that strangely enough—let me back up for a second to answer this. The emphasis of the Federal Government on the food stamp program is not to make sure that people have adequate food.

The emphasis is on fraud, waste, and abuse, on getting those out who aren't eligible, on finding those people and on lowering your error rate, and lowering your error rate in your State or in your city, because if you don't lower it to a certain percentage—I have forgotten what it is—by 1985, then the city is going to have to pay the difference.

That mentality, the mentality of "get the cheats"—we have 22 million people on food stamps. Don't tell me that they are cheating.

The point is that that kind of mentality is then translated to the city officials, who are then also running around trying to make sure that they are keeping people out rather than looking at this system as a support system.

So in that sense, yes, I think it is deliberate, the fact that they do not have the attitude that we are calling for, which is find a way of giving economic security and support to the families, not worrying about whether they are getting a nickel more or $2 extra in a given moment.

So I think it is deliberate or they would have figured a way of not doing it.

Ms. **Mikulski**. It is not publicly stated as a municipal policy?

Ms. **Goldman**. Hardly.

Ms. **Mikulski**. Ms. Horton, your commentary that institutionalization of a juvenile is about $23,000. That is like putting them in a hotel.

We could send that boy or girl to Oxford, Harvard, or Yale for $23,000 a year.

Ms. **Horton**. Promote that among your colleagues. That is fantastic.

Ms. **Mikulski**. Your program seems to be working.

Ms. **Horton**. It is.

Ms. MIKULSKI. You said in your testimony that there is a feeling that we do not know what to do with young people. Could you tell me why you think your program is working?

Obviously, something is happening at yours that is not happening in some others, and I also wonder if it is because of these business ventures that are a key component where kids learn country things.

Ms. HORTON. Definitely. I would say that our businesses contribute at least employment for 45 to 50 of our daily enrollees. That employment does impact the lives of the youth.

Additionally, though, there are other factors. Our approach to providing instruction and counseling to our enrollees is nontraditional.

Granted, every program may have a counseling component, every program may have an educational component. It is the difference in the nature of the program that makes the difference.

When I say nontraditional, I mean nontraditional in the sense that we implement John Doer's philosophy to learn by doing. The community becomes a laboratory for the school.

We do not believe in what is frequently refered to as a two-by-four education, that is, the two sides of a textbook and the four walls of a classroom.

You are in the community daily learning metric systems, becoming aware of what constitutes such a high prostitution and pimp rate in Camden by having roving reporters.

This summer I have a summer component working—the summer program is not referred to as summer school. We call it a video experience.

Our youth who have been classified and turned down by the traditional schools as incompetent are writing TV skits, are writing shows.

We have a video component, and they are able to see themselves. We have a program called mission employable.

Students go through a comprehensive prevocational skills program, a comprehensive evaluation of their skills before they enter the program is also in place, and finally, we work from the educational premise of what we call having an interdisciplinary approach to education.

What that means is nothing is learned in isolation. The content area that is covered in math is also covered in literature, is also covered in communications, is also covered in science.

So there are some key elements that makes our program work. We also have data generated through Pryor that shows of all the projects under Project New Pride for the past 3 years, the program in Camden, N.J., came out No. 1 because we showed through pretests, and post-tests that there is at least a 1.5 increase in reading levels of all of our program enrollees and at least a minimum of 0.6 or 6 months increase in math levels.

So we do have that data.

Ms. MIKULSKI. That is terrific.

Mrs. CARLISLE. May I add something to that? I think it is important to recognize why some projects work and some do not, and it was not mentioned by our modest speaker here, and that is the staff director of the program and his or her staff.

They make all the difference in the world, and, obviously, the reason this program works is because of her.

Ms. **Best**. We were all saying that as the question was being asked, but one last point on just that. We hear a lot these days about education, and the salary of school teachers.

A lot of people would believe that the competency of the school teachers may be correlated to the salary they receive. Whether or not that is something you believe in, youth service practitioners are paid less than any other career that requires M.S., Ph.D. degrees by and large at entry level.

My sister-in-law works for IBM, and they pay $1,000 a day to consultants coming in to teach, yet we have children being cared after by school teachers getting probably less than $25 a day for their services.

Ms. **Horton**. That is right.

Chairman **Miller**. Congressman Morrison.

Mr. **Morrison**. I wanted to just give a little bit of information in response to Mrs. Carlisle's point about housing and housing for the elderly having consumed, perhaps, a disproportionate share or at least a large share of the housing assistance available.

The House of Representatives has just passed a housing authorization bill called H.R. 1, in which that problem is addressed to some degree. A new housing assistance program has been originated in that bill, and if that bill becomes law, included in that assistance program is a requirement that each State divide its housing assistance in such a way under that new program for new construction that the family housing component be at least as large a proportion of the funding used as the proportion of families in substandard housing compared to those of the elderly.

That is something I personally fought for in that bill and I think it is particularly important. If any of you have any relationship with your Senators, urge them to move that housing bill because our problem is that the Senate is not inclined to pass the bill.

If that is the case, we will continue to be on this year-to-year funding in terms of housing programs, so there is something concrete that can be done on that particular problem.

Congresswoman Boggs points out to me, as well, that in that housing bill we also restore the 25 percent of income rule with respect to assisted housing, section 8 public housing, from the moving it up to 30 percent, which is in progress right now.

That would make a significant difference in the affordability of public housing. We don't address the overall supply need nearly to the extent that it is needed.

I would like to particularly thank Jean Adnopoz from the child center and the Committee on Children's Crisis for coming here from my hometown of Hamden to testify today.

There is a consistency of talking about poverty as one of the key elements of problem families, families with problems and children with problems. To what degree is a dependency situation either as reflected in single parent status and dependency on State aid as opposed to employment make a difference, in addition to or instead of the poverty indicators?

Ms. **Adnopoz**. Child abuse and neglect is not something which is found only in poor families.

I think that if we were to leave here with the impression that this is a problem only of the poor, that we would really be doing a disservice to the children of this country.

I think, though, that problems are exacerbated within poor families because there are so few ways in which these families can find relief. If you are poor, it is not possible to ship kids off to summer camp or to have somebody come in for a couple of weeks while you take a nice vacation.

Mr. MORRISON. Ms. Horton, if I could explore your project for a moment. The new pride program, that is essentially a demonstration program?

Ms. HORTON. It is a replication of Project New Pride in Denver, Colo. Project New Pride in Denver started some 10 years ago with Tom James as the executive director of that project, and what OJJ decided was to replicate in 10 different cities across the United States the basic concepts of Project New Pride, and that started 4 years ago.

Juvenile Resource Center in Camden, N.J., was one of the 10 replication programs. The fourth year funding, as was reported earlier, it has been suggested that there be zero funding.

However, Congress did appropriate moneys and this year, which is the last year of funding, Project New Pride in Camden, N.J., along with three other projects, one in Pensacola, Providence, and Denver, itself, and Camden, N.J., were charged with this last year of funding.

Mr. MORRISON. As I understand those demonstration-type programs under OJJDP, there is some expectation that in some way or other you are supposed to be picked up by some other source of funding in order to continue the program, which in your case is clearly demonstrated to be a success.

Is that a reality? Is that going to happen and, if so, how do we assure that it happens and we don't lose the benefits of what has been built up with the demonstration money?

Ms. HORTON. You and I know that not only is the Federal Government cutting, but everyone else across the Nation is also cutting, and that means at the State level the possibilities of the State picking up a tab that was previously funded by the Department of Justice is nil.

We are funded at a level of $250,000. Now, that is for 1 year of funding. The State will not pick that up.

It is the projection, you are 100 percent correct, it is the projection that the States or someone else will take up that decrease.

What we are suggesting is that the Department of Justice, that corrections in the State of New Jersey begin looking at, because additional moneys were appropriated to the Department of Justice, that the Department of Justice look at cost effective ways within the community, for example. Juvenile Resource Center.

The reality of it happening, I do not think, is that great. We were charged with responsibility because we knew it was seed money.

We were charged with the responsibility of becoming institutionalized and we have in a sense done that because what we have started doing is serving the needs of classified youth, and we are an approved, certified private school addressing the needs of the handicapped as approved by the New Jersey Department of Education.

I just happen to also be a board of education member, so what we have done is become a private school. So individuals who refer students to Juvenile Resource Center alternative school, and that is just one component—the alternative school only services 48 youth.

We are becoming institutionalized in the sense that we become the recipient of tuitions.

Mr. MORRISON. I think one of the major points that you have made is that the juvenile justice system itself could do a better job and save a lot of money if it would place many more juvenile offenders in a program like yours than in an incarceration type facility.

Ms. HORTON. That is right.

Mr. MORRISON. We hear over and over again that that is true. What is it that we should do to cause the State of New Jersey to take that turn and to pick up your funding by diverting people towards you rather than to continue down the road of building more juvenile beds, the way things are going now?

Ms. HORTON. If the House Appropriations Committee could be influenced to just do that, appropriate *x*-amount of dollars to effective community based programs, there is no such allocation currently—but appropriate earmarked dollars for community based programs, and you see, what also happens is there are moneys allocated to school districts, and that money is skimmed—allocated to school districts to educate youth who are incarcerated at Skilman, Jamesburg, et cetera.

That money is taken right off the top for youth who are incarcerated. We are saying why not give JRC money right off the top because we have a proven track record.

What could be done in response to that question?

Have an appropriation. Also, free up some of those beds for minor offenses. Begin freeing up some of those beds that have addressed or incarcerated status offender, free up those beds for the more serious.

We are not saying that the serious offenders should not be incarcerated. He should be.

Chairman. MILLER. Congressman McHugh.

Mr. MCHUGH. I think that most of my questions have been answered. There is a thread through all of your testimony, I think, consistent with what the chairman said earlier. There are threads here that we keep getting reminded of.

One is that where we know something works, we should try to disseminate information and focus our funding.

Ms. Horton, you have talked a great deal about your school and that is one of the examples. One or two quick questions.

This is a residential facility?

Ms. HORTON. No. It isn't. We are a day treatment facility. We operate between the hours of 8:30 and 5 o'clock.

However, we have many activities beyond that. Just to give a quick example. At the beginning of the school year, each year I have a 5-day camping trip, day and night, that all staff must participate.

However, we are simply a day treatment facility.

Mr. McHugh. You mentioned the program that started in Denver and then there were some others. Is there information getting out to other communities in your State and other States about this kind of activity and program?

Ms. Horton. Yes. Information is getting out. I must say that in the more recent guidelines, OJJ has suggested that 15 new sites across the Nation be implemented in 1984. So the information is being disseminated.

However, there is no money affixed to that suggestion. Here, again, it is the hope, I guess, that States or others would sponsor those programs.

The information is getting out. I have testified before many, many, many State, county, Federal committees, so if nothing else, I have been spreading the word around.

Mr. McHugh. Along those same lines, I noted with interest, Ms. Carlisle, that you mentioned something that Portland was doing which we have done in upstate New York, using community development funds and some local banking resources to provide for rehabilitation.

In some cases, the poor family has been able to gain ownership through sweat equity by rehabilitating a property with these funds and it is an example of where there has been some imaginative use of limited resources.

I am not sure where else it is being done, but I am pleased to hear that it is being done in Portland as well. It is very effective in my hometown. Finally, Ms. Goldman, I was particularly interested in what you said at the beginning of your testimony about the WIC program.

Last year Congressman Weiss and I, and a few others, actually had to bring a lawsuit against the administration to require them to reallocate WIC funds.

It is in the law that they are supposed to do that. Now you mentioned something which I was not aware of, that they are coming up with some regulations which would enable them not to reallocate, but rather to do something else.

Ms. Goldman. Not to reallocate, but the formula is being changed by which the initial dollars are being given out—this is a proposed regulation, and as usual, we have about 10 days to respond.

It is very complicated in terms of the actual regulations and how that formula has been arrived at in the past and how it is now being suggested that it be arrived at.

That is being changed so that there will be a new allocation, but under a new set of guidelines, that will cut out about $20 million on the New York program. It is an entire change being done within the legal limits, so to speak, but in regulation.

Mr. McHugh. You don't happen to have a copy with you today, do you?

Ms. Goldman. I just happen to have a copy.

Chairman Miller. Congressman Rowland.

Mr. Rowland. Thank you, Mr. Chairman.

Ms. Adnopoz, in your testimony you talk about redeterminatio for the eligibility of food stamps and how even if a family chose to move to a smaller apartment in order to better themselves, they would have their eligibility redetermined.

It seems to me that this is one thing that we find so often in Government programs. When people attempt to do something to extricate themselves or to improve themselves, the Government penalizes them to the extent that they are unable to get out of the system.

Could you briefly comment on what you think we might do to improve a situation such as this?

Ms. **Adnopoz**. I would be happy to, because I think that this committee needs to pay particular attention to the kinds of regulations that the individual States have instituted following some of the administration's policies.

States have taken Federal budget cuts of various kinds and made them even more stringent by using the regulatory process over which legislators have no direct control. I think that it would certainly be in the interest of children to take a close look at the types of regulations have been promulgated.

For example, in Connecticut stepfathers are now financially responsible for the step children, who previously had been eligible for AFDC, this has created substanial burdens and stress for families.

Other regulations reduce the numbers of clients eligible for assistance, threaten withdrawal of homemaker services and underservice family integrity.

Mr. **Rowland**. Hasn't the Supreme Court decided that we can't do that?

Chairman **Miller**. Our position with respect to Federal regulations is much more restricted than it was before. I believe Ms. Adnopoz was talking about the case where State regulations try to restrict spending restricting by participation.

Ms. **Adnopoz**. The States have been more restrictive than the Federal Government.

Chairman **Miller**. This is something that we are seeing in many States. They are trying to protect their budgets, and becoming even more restrictive with their regulations. We should be alert to this trend.

Mr. **Rowland**. I have another question. Ms. Best, you talked about the drug problems that we are having here. I am interested to know what are the drugs that are principally being used by teenagers now in this area.

Ms. **Best**. Well, as stated in the testimony, agencies in our county are reporting that more young people are coming in as polydrug users, which means that there is no one single fad drug, as we might have believed was true 10 years ago in certain parts of the country.

I would say alcohol right now because it is inexpensive and readly accessible to the younger teenagers seems to be—that seems—marihuana is there—interestingly, in the age group between 18 and 21, if you want to cut off at 21 to assess the juvenile treatment, between 18 and 21 we are seeing an increase in methadone treatment, which must mean there is an increase in heroin use.

That was shocking to me. I don't think heroin, for instance, is commonly found among younger teenagers. I hope that answers your question.

Mr. ROWLAND. Are Quaaludes a problem here?

Ms. BEST. Yes. They are available. Pills of any kind—those are the kinds of things available on the street corner at the lunch break, at the study hall. Marihuana, where quantity may be in question, alcohol, accessible in the evening after school hours from the local proprietor, are the ones that kids are using more frequently and are abusing.

Pills, Quaaludes, for instance, something like that. Acid, you don't see that much. Angel dust, we heard a lot about for a long time.

We don't experience that that much for our community. I think that is true for an urban center. The drugs that are available in quantity are the drugs that kids are using, and that is alcohol and marihuana.

Ms. GOLDMAN. May I make a comment? I assume that everybody is the same as I am, that we are quite hungry, and I would be nasty enough to remind all of us that if you were a food stamp recipient, you would have 47 cents to spend for lunch.

Chairman MILLER. Is Ms. Matty Cooper here?

Thank you very much for your testimony.

The committee will reconvene at 2 o'clock.

[Whereupon, the task force recessed at 1:25 p.m., to reconvene at 2 p.m. the same day.]

AFTERNOON SESSION

Chairman MILLER. The next panel will cover prevention and economic security issues. The panel will be composed of Leah Lubin, Peter Negroni, Donna Davies, Geraldine Nicholas and Dean LaBate.

Leah represents the Children's Campaign for Nuclear Disarmament from New Haven, Conn. Welcome to the committee.

Your written statement will be placed in the record in its entirety. Feel free to proceed in the manner in which you desire.

STATEMENT OF LEAH LUBIN, CHILDREN'S CAMPAIGN FOR NUCLEAR DISARMAMENT

Ms. LUBIN. I am here today to testify about children's fears of war. I am glad to have this opportunity to let our feelings be known.

Many children are frightened by the threat of nuclear war. They feel helpless and scared that their future is in the hands of a few powerful leaders.

Some children feel that they cannot seriously plan for their future because the very existence of the Earth is threatened. With all the nuclear weapons in the world today, just one could go off. If that happened, deliberately or accidentally, it would probably be the start of an all-out war. Other children I have talked to have also expressed fear of a nuclear accident.

Now that many weapons are controlled by computerized systems, the chances are even greater that one could go off accidentally.

This just intensifies our feeling that we have so little control over what will happen to us.

Many of us are afraid of the idea of civil defense. We feel that it lulls people into thinking that it is possible for us to survive a nuclear war.

We are afraid it gives them the notion that we can be prepared to somehow protect ourselves. Reports from responsible scientists have stated:

> There is no effective civil defense against nuclear war. The blast, thermal and radiation effects would kill even those in shelters, and the fallout would reach those who have been evacuated. Medical disaster planning for nuclear war is meaningless. Most hospitals would be destroyed, most medical personnel dead or injured, and most supplies unavailable. The vast majority of the survivors would die.

We are worried about the American policy of military intervention in various parts of the world. As a result of this, we might be forced to fight in a war that we had no part in making and that we don't believe in. We also think there is a strong possibility that conventional war could lead to nuclear war.

The threat of war affects not only our future, but our lives today. So much money is being used for military spending, while funding is being taken away from education and from programs that help people to survive, such as welfare, food stamps, social security and medicare.

I am feeling the effect of these cuts directly in my own life. Even though my mother has a full-time job, without social security survivors' benefits, she would not have been able to support our family for the last 8 years.

My sister will be just 17 when she graduates from high school next year, and her payments will be cut off then. She wants very much to go to college, but probably won't be able to.

The same thing will be true for my brother and myself in a few years. In addition to losing our social security benefits, there is less Federal funding available for student loans, grants, and work-study programs.

I would like to read to you a letter written to President Reagan last year by an 11-year-old New Haven school child:

> I don't like nuclear war because they are wasting money on bombs and weapons instead of helping people in America, like schools, programs for the aging, energy resources, and decreasing taxes.
>
> In the winter, in my school and other schools, in some of the classes it is cold. I don't think that is right because you can't work right, you can't study right because you are wearing your jacket and you feel uncomfortable. Sometimes I wonder why they are wasting your tax money to make bombs and weapons, and I wonder why we are not friends with Russia and other places. Do they know how we feel? Do they know how the Russian children feel? I think they don't * * *.

There are many children who feel helpless about the threat of nuclear war. They think there is nothing they can do so they just try to ignore the threat, to put it out of their minds.

But there are many others, like myself, who know that the children's voice can and should be heard. That is why the Children's Campaign for Nuclear Disarmament [CCND] was formed in May 1981 by a group of concerned children in Vermont.

As the founders of CCND put it:

> We are children who fear for our lives and the lives of all the children on Earth. We decided to start CCND because we felt scared and hopeless about the threat of

nuclear war" * *. Our first action was a children's letterwriting campaign. We asked kids all over the country to write letters to President Reagan opposing the nuclear arms race. A group of 30 children took the letters to the White House * * * and read each of the 2,832 letters aloud to the press and to the people passing by.

Since then there have been two more letterwriting campaigns, and there are now more than 70 CCND chapters throughout the world. A large part of what we do is to try to educate other people, children in particular, about the nuclear threat and to publicize, as much as we can, our strong opposition to the arms race.

I feel it is very important to establish friendly ties with people of other countries so that we will be able to settle our differences peaceably. Eight young people from a New Haven group called Children's Coalition for Peace have been invited to a children's peace conference in Sweden this summer.

We will be the guests of the Swedish people while we are there for 10 days in August. For the past few months our group has been working very hard in the community to raise the money for our transportation costs, and we have almost reached our goal.

We will soon be meeting with eight Swedish and eight Russian children. We will share our fears of war, our ideas and hopes for peace, and discuss ways in which we can work together toward world peace.

An important part of this venture will be sharing what we have learned with others in America on our return. We are very excited about going and feel privileged to be part of an international citizen's effort toward peace.

Chairman MILLER. Thank you.

[Prepared statement of Leah Lubin follows:]

PREPARED STATEMENT OF LEAH LUBIN, NEW HAVEN, CONN.

I am here today to testify about children's fears of war. I am glad to have this opportunity to let our feelings be known. Many children are frightened by the threat of nuclear war. They feel helpless and scared that their future is in the hands of a few powerful leaders.

Some children feel that they cannot seriously plan for their future because the very existence of the Earth is threatened. With all the nuclear weapons in the world today, just one could go off. If that happened, deliberately or accidentally, it would probably be the start of an all-out nuclear war. Other children I have talked to have also expressed fear of a nuclear accident. Now that many weapons are controlled by computerized systems, the chances are even greater that one could go off accidentally. this just intensifies our feeling that we have no little control over what will happen to us.

Many of us are afraid of the idea of civil defense. We feel that it lulls people into thinking that it is possible for us to survive a nuclear war. We're afraid it gives them the notion that we can be prepared to somehow protect ourselves. Reports from responsible scientists have stated:

"There is no effective civil defense against nuclear war. The blast, thermal and radiation effects would kill even those in shelters, and the fallout would reach those who have been evacuated. Medical 'disaster planning' for nuclear war is meaningless. Most hospitals would be destroyed, most medical personnel dead or injured, and most supplies unavailable. The vast majority of the 'survivors' would die." (Helen Caldicott, Physicians for Social Responsibility)

We are worried about the American policy of military intervention in various parts of the world. As a result of this, we might be forced to fight in a war that we had no part in making and that we don't believe in. We also think there is a strong possibility that conventional war could lead to nuclear war.

The threat of war affects not only our future but our lives today. So much money is being used for military spending, while funding is being taken away from education and from programs that help people to survive, such as welfare, food stamps, Social Security and Medicare. I am feeling the effect of these cuts directly in my own life. Even though my mother has a full-time job, without Social Security survivors' benefits she would not have been able to support our family for the last eight years. My sister will be just seventeen when she graduates from high school next year, and her payments will be cut off then. She wants very much to go to college, but probably won't be able to. The same thing will be true for my brother and myself in a few years. In addition to losing our Social Security benefits, there is less federal funding available for student loans, grants, and work-study programs.

I would like to read to you a letter written to President Reagan last year by an eleven-year-old New Haven schoolchild:

"I don't like nuclear war because they're wasting money on bombs and weapons instead of helping people in America, like schools, programs for the aging, energy resources, and decreasing taxes. In the winter, in my school and other schools, in some of the classes it is cold. I don't think that is right because you can't work right, you can't study right because you're wearing your jacket and you feel uncomfortable. Sometimes I wonder why they're wasting your tax money to make bombs and weapons, and I wonder why we're not friends with Russia and other places. Do they know how we feel? Do they know how the Russian children feel? I think they don't * * *." (Doreen Merritt)

There are many children who feel helpless about the threat of nuclear war. They think there is nothing they can do so they just try to ignore the threat, to put it out of their minds.

But there are many others, like myself, who know that the children's voice can and should be heard. That's why the Children's Campaign for Nuclear Disarmament (CCND) was formed in May of 1981 by a group of concerned children in Vermont. As the founders of CCND put it:

"We are children who fear for our lives and the lives of all the children on earth. We decided to start CCND because we felt scared and hopeless about the threat of nuclear war * * *. Our first action was a children's letter-writing campaign. We asked kids all over the country to write letters to President Reagan opposing the nuclear arms race. A group of thirty children took the letters to the White House . . . and read each of the 2832 letters aloud to the press and to people passing by."

Since then there have been two more letter-writing campaigns, and there are now more than seventy CCND chapters throughout the world. A large part of what we do is to try to educate other people, children in particular, about the nuclear threat and to publicize, as much as we can, our strong opposition to the arms race.

I feel it is very important to establish friendly ties with people of other countries so that we will be able to settle our differences peaceably. Eight young people from a New Haven group called "Children's Coalition for Peace" have been invited to a children's peace conference in Sweden this summer. We will be the guests of the Swedish people while we are there for ten days in August. For the past few months our group has been working very hard in the community to raise the money for our transportation costs, and we have almost reached our goal.

We will soon be meeting with eight Swedish and eight Russian children. We will share our fears of war, our ideas and hopes for peace, and discuss ways in which we can work together toward world peace. An important part of this venture will be sharing what we have learned with others in America on our return. We are very excited about going and feel privileged to be part of an international citizens' effort toward peace.

Chairman MILLER. Geraldine?

STATEMENT OF GERALDINE NICHOLAS, DIRECTOR, NAT AZAROW DAY CARE CENTER, BROOKLYN

Ms. NICHOLAS. I am Geraldine Nicholas, director of the Nat Azarow Day Care Center located in the Brownsville section of Brooklyn, N.Y. When one mentions this area of New York City, negative images come to mind.

Yet, despite these conditions, since Nat Azarow Day Care Center opened in 1969, people come from these same streets who are seeking independence and control of their lives. We, at the day care center, witness repeatedly how Government funds used for its operation become the best possible investment for governments yielding calculable returns.

From this depressed area of Brooklyn, at a time when nationwide unemployment is at a high point, and when morale of poor people is at its lowest—of 95 families with 105 children, 36 parents are working, 19 parents are in vocational training programs, 6 primary caretakers are grandparents—2 of whom work, 4 are ill—9 parents are looking for work, 12 parents have drug/alcohol related problems, and 1 foster parent has an emotionally disturbed child.

At least 10 of the parents who are now working formerly received public assistance and attended training programs. Twenty-one of the working parents pay weekly fees ranging from $2 to $34.

Nineteen of the working parents work in private industry. None of the working parents are eligible for food stamps or medicaid and most have minimal or no health coverage. One parent who works has multiple sclerosis, another has a child who suffers from cerebral palsy.

Fifteen other parents are coping with tragedy, children with identified disabilities, et cetera. The 12 parents with drug/alcohol problems have gained new respect for themselves by being accepted in their own right as parents and users of day care services.

Economic security for the parents described above is not won easily, or once gained, held on to firmly. The majority of these parents are young, have parents and siblings who are also struggling to survive and who can offer little tangible and moral support.

The support that is needed for them to effect positive changes must come from their community and take many forms. The availability of training programs, mental health programs, drug/alcohol oriented programs, social services, preschool and afterschool programs such as group day care for infants to age 12, Head Start, family day care, all day kindergartens, public schools with effective administrators and teachers, et cetera, within a community helps to set the climate, provide the role models, generate the positive force to give parents a different point of view.

Government and private funds used for the above programs are monies which are recycled back into the economy.

There is not just one solution to how a parent achieves economic security. This is a well known fact but yet not one that governments acknowledge in the way that funds are allocated.

Every one of the programs I cited have sustained serious cuts in their funding. There seems to be no long-range Government commitment or belief in the work they accomplish.

In the past year and a half, as I have stated, more of the parents who apply for enrollment at Nat Azarow Day Care Center are working parents. They have used welfare assistance, training programs, day care, et cetera, to bring stability to their lives.

However, they will soon join the ranks of parents now independent who return to tell us how much it meant to them to receive our support at a time when their spirits and morale were at a low ebb.

In the group day care program today we are feeling particularly handicapped, because we no longer have social service staff who can give the daily, onsite guidance from which parents benefit.

When a parent is pulling him or herself up by their bootstraps, those bootstraps are often fragile and easily broken given the negative forces which must first be overcome.

Another aspect of the group day care program which often hinders staff from being more effective and discourages parents is the eligibility certification process which a parent must complete before admission and again in three or 6 months.

Should parents who are suffering from cancer, who are identified drug/alcohol abusers, are receiving mental health counseling or psychiatric care, or have identified heart/pressure problems, et cetera, be required to have their eligibility recertified, face to face, every 3 months?

Should it take a year for a decision to be made to have working parents have a face-to-face recertification once a year with a mail-in procedure in 6 months during that same year?

Why does the Government continue to try to cut funds for the child care food program from which the group day care program receives its money for food for children who may be in care from 7 to 10 hours a day?

On this last point—I was late getting here today because I got a call yesterday that our center was broken into and burglarized. This has happened—I can't tell you how many times.

If a government has a genuine concern about minority males who are not working, are leaving school at an early age, et cetera, why isn't it supporting training programs in and out of schools which are geared to specific vocations and training for specific examinations?

Can governments afford to continue gearing training programs to the needs of women, thereby helping to perpetuate more generations of males who feel impotent, enraged, et cetera?

Tragedies occur too often where husbands or male friends see their spouses moving ahead of them or with today's high unemployment becoming the main breadwinner.

In addressing the topic of economic security for the parents and the Brownsville community we serve, I have stressed the key role day care programs can play in helping parents achieve this goal. I have also tried to show how important other human services are to help parents and communities begin this process and build a firm foundation for success.

Thank you.

Chairman. MILLER. Thank you.

[Prepared statement of Geraldine Nicholas follows:]

PREPARED STATEMENT OF GERALDINE NICHOLAS, DIRECTOR, NAT AZAROW DAY CARE CENTER, BROOKLYN, N.Y.

I am Geraldine Nicholas, director of Nat Azarow Day Care Center located in the Brownsville section of Brooklyn, New York. When one mentions this area of New York City, negative images come to mind—burned out, abandoned buildings, crumbling tenements, garbage strewn vacant lots, desolate streets, drug addicts, alcoholics, truant youngsters, unemployed adults, pregnant teenagers, highest population receving public assistance. These are the images that stand out; these are also the realities for the people who live in Brownsville. Yet despite these conditions, since Nat Azarow Day Care Center opened in 1969, people come from these same streets who are seeking independence and control of their lives. We, at the day care center, witness repeatedly how government funds used for its operation become the best possible investment for governments yielding calculable returns.

To illustrate this point I would like to tell you about some of the parents at Nat Azarow Day Care Center. From this depressed area of Brooklyn, at a time when nationwide unemployment is at a high point, and when morale of poor people is at its lowest—of 95 families with 105 children, 36 parents are working, 19 parents are in vocational training programs, 6 primary caretakers are grandparents (2 of whom work, 4 are ill), 9 parents are looking for work, 12 parents have drug/alcohol related problems, and 1 foster parent has an emotionally disturbed child. Despite their varied reasons for seeking care, these parents share a common bond in wanting education and proper care of their children in an appropriate setting while they are constructively engaged.

At least 10 of the parents who are now working formerly received public assistance and attended training programs. 21 of the working parents pay weekly fees ranging from $2 to $34. 19 of the working parents work in private industry. None of the working parents are eligible for food stamps or Medicaid and most have minimal or no health coverage. One parent who works has multiple sclerosis, another has a child who suffers from cerebral palsy.

Fifteen other parents are coping with tragedy, children with identified disabilities, etc. The twelve parents with drug/alcohol problems have gained new respect for themselves by being accepted in their own right as parents and users of day care services.

Economic security for the parents described above is not won easily, or once gained, held on to firmly. The majority of these parents are young, have parents and siblings who are also struggling to survive and who can offer little tangible and moral support. The support that is needed for them to effect positive changes must come from their community and take many forms. The availability of training programs, mental health programs, drug/alcohol oriented programs, social services, preschool and afterschool programs such as group day care for infants to age 12, headstart, family day care, all day kindergartens, public schools with effective administrators and teachers, etc. within a community helps to set the climate, provide the role models, generate the positive force to give parents a different point of view.

Government and private funds used for the above programs are monies which are recycled back into the economy. Programs which help parents to become better parents, children to become more emotionally stable result in parents and children who will need less use of special services. Working parents who have appropriate, available preschool and afterschool care for their children can hold onto their jobs while at the same time their children are receiving proper education and care. These are just a few examples.

There is not one solution to how a parent achieves economic security. This is a well known fact but yet not one that governments acknowledge in the way that funds are allocated. Every one of the programs I cited have sustained serious cuts in their funding. There seems to be no long range government commitment or belief in the work they accomplish. In the past year and a half, as I have stated, more of the parents who apply for enrollment at Nat Azarow Day Care Center are working parents. They have used welfare assistance training programs, day care, etc. to bring stability to their lives. However, they will soon join the ranks of parents now independent who return to tell us how much it meant to them to receive our support at a time when their spirits and morale were at a low ebb.

In the Group Day Care Program today we are feeling particularly handicapped, because we no longer have social service staff who can give the daily, on-site guidance from which parents benefit. When a parent is pulling him or herself "up by their bootstraps", those "bootstraps" are often fragile and easily broken given the negative forces which must first be overcome.

FACTS CONCERNING THE NEED FOR DAY CARE IN BROOKLYN

1. *Waiting lists for group and family day care.*—As of May and June 1983 the verified waiting list for Brooklyn consisted of 2,288 families.

2. *Referrals under the NYS Child Reform Act.*—998 children were enrolled in Group Day Care as of May 1983. These families were referred by the Department of Special Services for Children or by individual agencies under contract to this department. The day care centers in the Brownsville and East New York section of Brooklyn receive the largest number of these referrals of cases involving child abuse, neglect, etc.

3. *Economic Information.*—Percent of total population receiving public assistance—Bedford Stuyvesant, Bushwick, Brownsville, 30% East New York, Crown Heights, 20–29%; East Flatbush, 10–20%; Flatbush under 10%.

4. *Underserved Areas.*—The East Flatbush and Flatbush sections of Brooklyn have large populations of "working poor" a change from several years age when more "middle class" families lived there. These areas only have day care slots for about 40 infants, 765 preschool children, and 160 schoolage children.—Geraldine Nicholas, Director Nat Azarow Day Care Center.

Another aspect of the Group Day Care Program which often hinders staff from being more effective and discourage parents is the eligibility certification process which a parent must complete before admission and again in three or six months. Governments may allot funds for a worthwhile program and then set up an eligibility process designed to catch the minority of persons who may be ineligible. Should parents who are suffering from cancer, who are identified drug/alcohol abusers, are receiving mental health counseling or psychiatric care, or have identified heart/pressure problems, etc. be required to have their eligibility recertified (face to face) every three months? Should it take a year for a decision to be made to have working parents have a face to face recertification once a year with a mail-in procedure in six months during that same year?

Why does the government continue to try to cut funds for the Child Care Food Program from which the Group Day Care Program receives its money for food for children who may be in care from 7 to 10 hours a day?

If a government has a genuine concern about minority males who are not working, are leaving school at an early age, etc., why isn't it supporting training programs in and out of schools which are geared to specific vocations and training for specific examinations? Can governments afford to continue gearing training programs to the needs of women, thereby helping to perpetuate more generations of males who feel impotent, enraged, etc.? Tragedies occur too often where husbands or male friends see their spouses moving ahead of them or with today's high unemployment becoming the main breadwinner?

In addressing the topic of economic security for the parents and the Brownsville community we serve, I have stressed the key role day care programs can play in helping parents achieve this goal. I have also tried to show how important other human services are to help parents and communities begin this process and build a firm foundation for success.

Chairman **Miller**. Peter?

STATEMENT OF PETER NEGRONI, COMMUNITY SCHOOL SUPERINTENDENT, DISTRICT 12, NEW YORK CITY

Mr. **Negroni**. My name is Peter Negroni, superintendent of district 12 in the Bronx.

For those of you not from New York, welcome to New York, but for those from New York, you are here in the Big Apple.

One would have to be completely isolated from the realities of our time not to understand that the immediate future holds certainty of substantial change—some would call it reform—in the process of education.

"Prodded by President Reagan and other elected officials," writes Gene I. Maeroff, education commentator for the New York Times, June 26, 1983, "the public increasingly wonders why more cannot be done to raise academic achievement, get better teaching, and produce high school graduates more adequately prepared for jobs and college."

"Teachers,", the writer goes on, "are therefore having to make hard choices about merit pay, master teacher plans, job tenure, accountability and tax credits."

We cannot escape the challenge of this new public mood; both as individuals and collectively as a profession we must rise to meet it. Our response must be based upon the best thinking of each of us.

Added requirements and higher standards are expected for us. District 12 in the Bronx has been moving with the tide of this demand during the last 5 years by comprehensive operational planning in the areas of our vital concerns—curriculum design, competency testing, classroom management, the design of bilingual and bicultural programing, integration of the handicapped with regular students, leadership training, overall staff development, and parental involvement.

Our planning is forward-looking, utilizing our experience to update and fine tune our concepts of the way we must go if we are succesfully to meet the challenge. That challenge being to educate every youngster to the fullest no matter what the ethnic background or economic condition.

The separate schools of the district all have their own comprehensive operational plans, which are in line with that of the district.

But this is all a matter of writing of scenarios and of stage setting. The performance itself will be that of the individual teacher, who should recognize that what he does or does not do drastically affects the performance of everyone else in his school and his own claim to merit and effectiveness.

It is performance that counts: The play's the thing. Teachers now have a most demanding and critical audience.

From the perspective of the superintendent of a school district that has steadily and dramatically improved its academic achievement for the last 5 years, I can tell you that effective schooling for all youngsters is attainable.

District 12 in the Bronx under my supervision was a prototype of a system beset by all the problems of urban education; declining enrollment, fiscal crisis, low reading, and math scores—the whole dismal litany. It was, therefore, imperative that we move immediately to turn the district around.

The record shows we have done just that: New York City standards of achievement are pegged to citywide testing in reading and mathematics. Here is the record of my district.

You can see the improvement we have made in the chart. Our approach for this district which is 99 percent minority was comprehensive, but its focus was on the instructional dimension.

We developed a competency-based curriculum in which the material was divided into four 10-week cycles, with an exit test at the end of each. In conjunction with and in addition to this, we developed:

One, a districtwide use of one basic test in reading.

Two, a system of instructional management in reading and mathematics, incidentally, using computers.

Three, enrichment and remediation models.

Four, retention and promotional policies.

As we all know, the suspension of children from class or from school for whatever reason is the ultimate confession of our failure to meet some deep-rooted needs. Therefore, the search for alternatives to suspension becomes a prime area of our concern.

We have explored these alternatives, formulated proposals, and are instituting them in our district on the widest possible scale. Suspension will no longer mean being deprived of an educational setting.

Rather, it may mean a restructuring of one's program to more appropriately deal with the problem that got him or her suspended in the first place.

Five, a scope-and-sequence handbook for parents.

Six, a report card system where a parent is required to pick up the report card and confer with his or her child's teacher on its meaning.

Seven, midyear standardized testing—results which were analyzed with school staff and explained to parents at a midyear conference.

Eight, development of home study kits for parents to further support the program of the school.

Nine, a leadership training institute for principals.

Ten, staff development plans that include additional time. Five half-days have been appended to the school calendar.

Eleven, the use of technology to enhance instruction. Computers and television are now becoming commonplace in our work.

Twelve, the use of an identified school improvement model in every school.

Thirteen, districtwide instructional policies in the area of homework, lesson plans, notebooks, observations and goal setting and pacing.

Fourteen, open enrollment policies.

Fifteen, alternative schools.

Sixteen, literacy centers. The high number of minority students being placed from regular education programs to special education classes requires us to seriously contemplate our preventive efforts. Thus, we have embarked on a creative mainstreaming model.

The literacy centers are an extended day approach that deal with the academic deficiencies for both regular and special education students. The approach includes peer tutoring, parent and community volunteers, diagnostic testing, and prescribing.

Here we can isolate the impediments to learning and provide specific solutions.

We recognize that what we have accomplished thus far can be evaluated only in context, in where we go from here. Our future holds not merely better reading scores but the use of reading in literature programs; not merely mathematical calculations, but their reasoned use in problem solving; not merely scientific experimentation, but the thinking skills needed to draw conclusions.

Application of the finger exercise of reading and mathematics to the production of the areas of literature and science is the only proof positive of our effectiveness. This is where what we are doing really registers and really counts.

Who says great days do not lie ahead of us? I say we are in the best of times, when complacency must give way to the growth that can come only with challenge. Here are some suggestions and some caveats for us.

One, we must set clear and viable goals and expectations for ourselves, our children, and our parents.

Two, we must enlist the collegial planning and support that will lead to a revitalization of our profession.

Three, we must become involved in developing a sense of community in the world of schools. We must become involved not only with an intense examination and correction of our failures, but also with the celebration of our success.

Four, we must set out to develop a sense of order and discipline coupled with a sense of seriousness. We must understand that for our children education is the difference between life and death, between dependency and independence.

As a profession, I am sure we are up to the challenge.

I have left for you a boxful of materials that we developed while we were doing these things.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Dr. Peter Negroni follows:]

PREPARED STATEMENT OF DR. PETER J. NEGRONI, COMMUNITY SUPERINTENDENT DISTRICT 12, BRONX, N.Y.

One would have to be completely isolated from the realities of our time not to understand that the immediate future holds certainty of substantial change—some would call it "reform"—in the process of education.

"Prodded by President Reagan and other elected officials," writes Gene I. Maeroff, education commentator for the New York Times (June 26, 1983); the public increasingly wonders why more cannot be done to raise academic achievement, get better teaching and produce high school graduates more adequately prepared for jobs and college."

"Teachers," the writer goes on, "are therefore having to make hard choices about merit pay, master teacher plans, job tenure, accountability and tax credits."

We cannot escape the challenge of this new public mood; both as individuals and collectively as a profession we must, rise to meet it. Our response must be based upon the best thinking of each of us.

Added requirements and higher standards are expected for us. District 12 in the Bronx has been moving with the tide of this demand during the last 5 years by comprehensive operational planning in the areas of our vital concerns—curriculum design, competency testing, classroom management, the design of bilingual and bicultural programming, integration of the handicapped with regular students, leadership training, overall staff development and parental involvement. Our planning is forward looking, utilizing our experience to update and fine tune our concepts of the way we must go if we are successfully to meet the challenge. That challenge being to educate every youngster to the fullest no matter what the ethic background or economic condition.

The separate schools of the district all have their own comprehensive operational plans, which are in line with that of the District.

But this is all a matter of writing of scenarios and of stage setting. The performance itself will be that of the individual teacher, who should recognize that what he does or does not do drastically affects the performance of everyone else in his school and his own claim to merit and effectiveness. It is performance that counts; "the play's the thing." And teachers now have a most demanding and critical audience.

From the perspective of the superintendent of a school district that has steadily and dramatically improved its academic achievement for the last five years, I can tell you that effective schooling for all youngsters is attainable. District 12 in the Bronx under my supervision was a prototype of a system beset by all the problems of urban education; declining enrollment, fiscal crisis, low reading, and math scores, the whole dismal litany. It was, therefore, imperative that we move immediately to turn the district around.

The record shows we have done just that: New York City standards of achievement are pegged to city-wide testing in reading and mathematics. Here is the record of my district:

PERCENT OF STUDENTS AT OR ABOVE GRADE LEVEL

	1978–79	1979–80	1980–81	1981–82	1982–83
Reading	25.2	30.9	36.1	37.4	45.5
Math			36.9	49.9	52.3

Our approach for this district which is 99% minority was comprehensive, but its focus was on the instructional dimension.

We developed a competency-based curriculum in which the material was divided into four ten-week cycles, with an exit test at the end of each. In conjunction with and addition to this, we developed:

1. A districtwide use of one basic test in reading.
2. A system of Instructional Management in reading and mathematics.
3. Enrichment and remediation models;
4. Retention and promotional policies.

As we all know, the suspension of children from class or from school for whatever reason is the ultimate confession of our failure to meet some deep-rooted needs. Therefore the search for for alternatives to suspension becomes a prime area of our concern. We have explored these alternatives, formulated proposals, and are instituting them in our district on the widest possible scale. Suspension will no longer mean being deprived of an educational setting. Rather it may mean a restructuring of one's program ot more appropriately deal with the problem that got him (her) suspended in the first place.

5. A Scope—and—Sequence handbook for parents;
6. A report card system where a parent is required to pick up the report card and confer with his/her child's teacher on its meaning;
7. Mid-year standardized testing—results which were analyzed with school staff and explained to parents at a mid-year conference;
8. Development of Home Study Kits for parents to further support the program of the school;
9. A Leadership training institute for principals;
10. Staff development plans that include additional time—five half-days have been appended to the school calendar.
11. The use of technology to enhance instruction—computers and television are now becoming commonplace in our work.
12. The use of an identified school improvement model in every school.
13. District-wide instructional policies in the area of homework, lesson plans, notebooks, observations and goal setting and pacing.
14. Open enrollment policies
15. Alternative schools
16. Literacy Centers—The high number of minority students being placed from regular education programs to special education classes requires us to seriously contemplate our preventive efforts. Thusly we have embarked on a creative mainstreaming model. The literacy centers are an extended day approach that deal with the academic deficiencies for both regular and special education students. The approach includes peer tutoring, parent and community volunteers, diagnostic testing and prescribing. Here we can isolate the impediments to learning and provide specific solutions.

We recognize that what we have accomplished thus far can be evaluated only in context, in where we go from here. Our future holds not merely better reading scores but the use of reading in literature programs; not merely mathematical calculations but their reasoned use in problem-solving; not merely scientific experimentation but the thinking skills needed to draw conclusions. Application of the "finger exercise" of reading and mathematics to the production of the arias of literature and science is the only proof-positive of our effectiveness. This is where what we are doing really registers and really counts.

Who says great days do not lie ahead of us? I say we are in the best of times, when complacency must give way to the growth that can come only with challenge. Here are some suggestions and some caveats for us:

1. We must set clear and viable goals and expectations for ourselves, our children and our parents;
2. We must enlist the collegial plannning and support that will lead to a revitalization of our profession;
3. We must become involved in developing a sense of community in the world of schools. We must become involved not only with an intense examination and correction of our failures but also with the celebration of our successes.
4. We must set out to develop a sense of order and discipline coupled with a sense of seriousness. We must understand that for our children education is the difference between life and death, between dependency and independency.

As a profession I am sure we are up to the challenge.

Chairman **Miller**. Ms. Davies.

STATEMENT OF DONNA DAVIES, COORDINATOR, REGIONAL CHILD ADVOCACY TEAM, CONN.

Ms. Davies. Thank you.

Chairman Miller. Do you have somebody with you?

Ms. Davies. Yes, I do. Josephine Segatori is here as a representative of parent aid programs in Connecticut.

I am Donna Davies. I am the coordinator of the regional child advocacy team and president of the Connecticut Association for the Prevention and Treatment of Child Abuse and Neglect, a State chapter of the National Committee for the Prevention of Child Abuse.

Mr. Chairman, and committee members, I thank you for the opportunity to talk with you today concerning the community efforts across the State of Connecticut to prevent and treat child abuse.

The Department of Children and Youth Services is the State agency which is required by law to receive and handle cases of child abuse, neglect, and child sexual abuse. In Connecticut, communities realize that this task is not only the concern of one State agency, but is the concern of everyone who cares about children; schools, day care centers, hospitals, police, physicians, youth service bureaus, as well as civic groups, churches, and the business community.

Looking at these recently acquired facts, it is easy to see why there is concern.

Between 1979 and 1981, there was a 106-percent increase in child abuse reports nationwide.

Last year, child abuse related deaths increased nationally. In Connecticut they went from three in 1981 to nine in 1982. These are only the ones that we know about which have been caused by child abuse.

Many States fear that child abuse incidents will continue to rise as economic pressures faced by families, including unemployment, increase.

At least 35 States indicate that they are seeing more serious cases of abuse and the amount of reported child sexual abuse is dramatically increasing.

The problem is too great for any one department or group of people to deal with alone. Because the problem of child abuse is multifaceted, we realize that no one person's testimony is going to be able to cover all aspects of the problem. Today I would like to talk to you about the community based services in Connecticut which work to prevent child abuse.

The State of Connecticut began to realize that reported cases of abuse were increasing and communities were alarmed. The first response of the community was to look to the Department of Children and Youth Services to do something. Then they began asking what causes child abuse and how can we prevent abuse of children. They started talking to the day care centers, schools, clinics, and the physicians focusing on what can we do together.

In 1979, the child abuse legislation was enacted on a Federal level to give money to the States to be used in their child abuse prevention programs in the community.

Attached is the model that Connecticut has put into place. The model consists of the three community based programs: A child protection team, a parent aide program and a parent's anonymous support group, being available for parents and working cooperatively with the State agency mandated to handle the cases of abuse, the Department of Children and Youth Services.

In the beginning these programs were dealing with active abuse cases, focusing on treatment. Over the past 4 years we have been able to move from only focusing on treatment, to cases before they need to be reported to the department of child and youth services.

We have begun to educate communities to recognize child abuse. We have talked to the child care centers alerting them to what it is that parents are talking about when parents complain about their children being unmanagable. Many day care centers, crisis nurseries, and schools now offer parenting classes to teach normal child development and parenting skills.

We have talked to places doing unmarried mothers programs, about what the community can do to support these mothers. We have seen a shift from treatment to prevention in many programs.

Federal money was used to seed each of these community-based programs. Without this support, they would not have happened. What is in place in each area across the State is a child advocate. Whether it is from a parent aide program, parents anonymous group, or a child protection team.

As an advocate, I am very unpopular at times because I make noise on behalf of kids. A coordinator's responsibility is to the children living in each region. We pull together all the people who are working around children and act as a catalyst for improvement of services. Federal money is presently used to pay a salary for each coordinator so that in each area there is a catalyst who focuses on child abuse prevention. Federal dollars also help support some of our parent aide programs and a portion of the statewide parents anonymous budget.

We are concerned that as the Federal budget cuts keep coming down and affecting the States, at some point the Federal Government will say this is the State's problem. The Juvenile Justice people are talking now about just dealing with the end result of abuse and neglect of children, wait until the child acts out and then incarcerate. Many agencies and institutions across the Nation are saying we have enough to do dealing with treatment cases; don't even talk about prevention.

Prevention is a good idea, but too expensive for our budget. We feel there needs to be seed money to act as a catalyst to keep things going on the side of prevention. Only if there are advocates not alined with departments who can speak on behalf of the children, with the support of their own communities, only then will prevention keep moving foward.

The Connecticut Association for the Prevention and Treatment of Child Abuse and Neglect [CAPTCAN] is a private, nonprofit group of citizens who are concerned about child abuse. CAPTCAN has been instrumental in the past few years working with legislators, child welfare service providers, and representatives from the Department of Children and Youth Services to stress the need for community-based services providing an early intervention and prevention focus. This group will continue to speak out on behalf of children in Connecticut. Today, we as a group, urge you to continue the Federal child abuse money which has seeded so many effective services in Connecticut.

Thank you.

Jo, would you like to add anything?

[Prepared statement of Donna Davies follows:]

PREPARED STATEMENT OF DONNA R. DAVIES, COORDINATOR OF THE REGIONAL CHILD ADVOCACY TEAM—CHILD AND FAMILY SERVICES, INC., MANCHESTER, CONN.

Mr. Chairman and Committee Members, I appreciate the opportunity to appear before the members of this subcommittee concerning the community efforts across the State of Connecticut to prevent and treat child abuse.

The Department of Children and Youth Services is the state agency which is required by law to receive and handle cases of child abuse, neglect, and sexual abuse. In Connecticut, communities realize that this task is not only the concern of one State Agency, but is the concern of everyone who cares about children; schools, day care centers, hospitals, police, physicians, youth service bureaus, as well as civic groups, churches, and the business community. Looking at these recently acquired facts, it is easy to see why there is concern:

Between 1979 and 1981, there was a 106 percent increase in child abuse reports nationwide.

Last year, child abuse related deaths increased, nationally.

Many states fear that child abuse incidents will continue to rise as economic pressures faced by families, including unemployment, increase.

At least 35 states indicate that they are seeing more serious cases of abuse and the amount of reported child sexual abuse is dramatically increasing.

Known fatalities resulting from child abuse have increased in Connecticut from 3 deaths in 1980, 8 in 1981, to 9 deaths of children in 1982.

Indeed, the magnitude and complexity of this problem is far greater than any of us imagined. Last year, nationally, 1.1 million children were abused, neglected, or exploited. Each year between 2,000–5,000 children are killed by their parents or caretakers.

A continued focus on child abuse is the only way to be sure that these children's voices will continue to be heard. In the past 9 years, the Child Abuse Prevention and Treatment and Adoption Reform Act (Public Law 93-247) has helped states and communities begin to reach these children:

To be certain that they can be protected.

To reach families early and strengthen them so children can return home; and

Ultimately, perhaps most importantly, to begin to identify ways and means of prevention.

Since Connecticut first qualified for these federal child abuse dollars in 1974, a unique and effective system of community-based child protection resources has emerged. Connecticut's Model System of Child Protection Resources is based on the collaboration of the public and private sectors. The system is made up of a variety of programs, the core elements of which include a multidisciplinary team, parent aide services and parental self-help groups.

A child protection team, such as the Regional Child Advocacy Team, is composed of a paid coordinator and several volunteer child welfare professionals from the fields of medicine, education, social work and the law. In 1976, Connecticut had a team operating that served 11 towns. Currently, there are 25 teams serving 150 towns. Of these 25 teams, 7 were seeded with federal child abuse dollars through grants of approximately $10,000 and were used as models for the development of 18 others supported by state and local agencies. During 1981, an estimated $260,000 was donated through in-kind services by professionals on these teams. During 1982, 456 families received services through the teams in Connecticut.

Parent aides are professionals who provide nurturance and instruction to parents in order to build parental competence. The service is provided in the home, several times per week over several months and includes 24-hour telephone availability. In 1977, Connecticut had one parent aide program. Presently, there are 18 programs. During 1982, 517 families received services from 66 aides, paid and volunteers. Two of these programs, both of which use volunteer parent aides were started with federal child abuse dollars. The others were developed in response to the needs of families in specific areas with support from state and local agencies.

Parent aide services are among the key methods for keeping children in their own homes after a crisis in the family. The estimated cost of providing parent aide services for one family for one year is $1,200. The cost of providing foster care is estimated at $2,000; group home care is $7,000–$12,000. Although it is not possible to eliminate the need for out of home services entirely, parent aide services can significantly reduce the numbers of children needing more costly types of care which require separation from their families.

Parents Anonymous of Connecticut is part of an international network of self-help groups for abusive parents and parents who feel they need help in raising their children so that they do not abuse them or neglect their needs. Of the 1,400 chapters of Parents Anonymous nationwide, 37 are located in Connecticut. Connecticut's Parents Anonymous groups serve approximately 925 families per year at an annual cost equivalent to $59.00 per family. Parents Anonymous makes extensive use of volunteers. The 60 professionals who served as resource people to Connecticut's 37 groups donated approximately $185,000 worth of professional time last year.

Although the federal child abuse dollars acted as a catalyst in Connecticut, the $94,000 received could never become the sole funding source for this type of resource system. In fact, state and local funding, in-kind contributions, corporations and foundations are each essential to make possible an ongoing operation of Connecticut's public/private resource system.

This year, Connecticut appropriated $350,000 in state general funds for community based child abuse prevention and treatment programs. Another $60,000 was appropriated for the Childrens Trust Fund to support child abuse prevention programs. In Connecticut we are also grateful for the growing interest and support which corporations are providing to these programs. Throughout the state private sector funding has increased both in the number of corporations providing fiscal resources and the amount of funds provided. Approximately 25 percent of each program's funding comes from local sources: corporations, local government, private institutions, civic groups, and private foundations.

In order for these public/private partnerships to grow there must continue to be a focus on child abuse. The continuation of federal child abuse dollars to be used as seed money for community programs will provide this focus. As each of the 80 programs across Connecticut has developed, community support has increased, needed changes and expansion of programs have occurred as these programs acted as advocates for children, and new models of service more responsive to community needs have developed with support from these programs.

The Regional Child Advocacy Team was established in Manchester in 1978 as a cooperative effort between the Community Council, community service providers, and the Department of Children and Youth Services. The community was concerned with the number of child abuse cases from Manchester and decided to do something about it. The Team accepts referrals from any mandated reporter in the area who is concerned about a child and feels there is a need for comprehensive service delivery to the family to avoid maltreatment of the child.

The two foci of the Team are: Consultation and case service coordination to professionals working with difficult cases of child abuse or a child at risk. Primary prevention of child abuse through increased awareness and development of early intervention strategies enhancing the community network of public, private and volunteer services.

Since it began in 1978 the Team has expanded to serve 12 towns with three teams. Referrals continue to be revived from the community (50%) and from the Department of Children and Youth Services. We are seeing many of the families referred are in need of at least five different services ranging from preventive health care for infants, developmental assessment for preschoolers, specialized family day care for toddlers and young school age children, homemakers services for handicapped mothers, parent aide services for the many single young mothers in our communities, support groups for parents who really do not know how to parent, and the list goes on indefinitely. This does not mean we need to initiate new services to fill all these needs, what it does mean is that those in the community who are working with the family must know where and how to get help for them.

There have been gaps in services identified by the Team and we have supported the development of new programs, or changes in existing programs, to better serve families. The Team initiated a volunteer parent aide program in 1979 when we saw many of the mothers referred really needed more support than could be offered through weekly counseling sessions in order to maintain a home for their children. In 1981, Time Out For Parents, a crisis nursery for parents to use in order to relieve stress at home when child care was needed, was developed by the team in response to community needs. Parenting classes at the two local hospitals, conferences to increase professional awareness, development of resources to be used to prevent child sexual abuse, and task forces to look into ways to improve interagency case handling of child sexual abuse cases have all been Team work during the past few years.

There is no one way to prevent child abuse, all systems in the community must work together to provide the services, educate the public, and change policy which can support families. Community based programs are the focus of this work in each community where they work.

STATEMENT OF JOSEPHINE SEGATORI, PARENT AIDE PROGRAM SPECIALIST

Ms. **Segatori.** I have one page that I would like to read to you. I am Josephine Segatori from the Lower Naugatuck Valley. My title is parent aide program specialist.

In the Lower Naugatuck Valley we have a parent aide program which consists of three full-time parent aides serving five towns. We always maintain a waiting list and we always have the frustrations of what do we do with the cases on the waiting list.

We actually need six parent aides to cover five towns, so you know we see many during times of crisis where there is little we can do for a family because of not having enough parent aides.

Parent aides are paraprofessionals in the social service field. They receive training in child development, communications, crisis intervention, parent effectiveness training and systematic training for effective parenting.

Referrals come from hospitals, Head Start programs, women, infants, and children programs, Department of Children and Youth Services workers, physicians, and public health nurses.

In one case a parent aide saw a child choking. The mother panicked and ran away from the child. The parent aide was in the home making a visit and came to the aid of the child, thus saving her life.

When the danger had passed, the aide worked with the mother to teach her how to deal with a situation like the one that had just occurred. That way, the mother would not panic, she knew what to do and as a result, she became a better parent.

In another case, another parent aide made a home visit and saw that the 3-month-old baby's ankle was discolored. The parent aide advised the mother to take the baby to the emergency room at a local hospital.

The attending doctor diagnosed the problem as a broken ankle with internal bleeding.

Another example of the importance of such workers is a parent aide made a home visit and found a 5-month-old baby that was sick. She asked the mother if she called a doctor.

The mother said the baby had been sick all night but felt he would be all right. The parent aide convinced the mother to take the baby to a doctor. Shortly after the visit the baby was hospitalized with pneumonia.

If there were no parent aide services, what would have happened to these children? It is too frightening to think about.

Ms. **Davies.** Joe is an example of one of the programs that we have seen starting up. We have parent aide programs across the State.

Chairman **Miller.** Thank you.

[Prepared statement of Josephine Segatori follows:]

PREPARED STATEMENT OF JOSEPHINE SEGATORI, PARENT AIDE PROGRAM SPECIALIST, PARENT CHILD RESOURCE CENTER, INC., SHELTON, CONN.

Parent aides are para-professionals in the social service field. They receive training in child development, and systematic training for effective parenting.

Referrals come from hospitals, Head Start programs, Women, Infants and Children Programs, Department of Children and Youth Services workers, physicians and Public Health Nurses.

In one case a parent aide saw a child choking. The mother panicked and ran away from the child. The parent aide was in the home making a visit and came to the aid of the child, thus saving her life. When the danger had passed, the aide worked with the mother to teach her how to deal with a situation like the one that had just occurred. That way, the mother would not panic, she knew what to do and as a result, she became a better parent.

In another case, another parent aide made a home visit and saw that the three-month-old baby's ankle was discolored. The parent aide advised the mother to take the baby to the Emergency Room at a local hospital. The attending doctor diagnosed the problem as a broken ankle with internal bleeding.

Another example of the importance of such workers is a parent aide made a home visit and found a five month old baby that was sick. She asked the mother if she called a doctor. The mother said the baby had been sick all night but felt he would be alright. The parent aide convinced the mother to take the baby to a doctor. Shortly after the visit the baby was hospitalized with pneumonia.

If there were no parent aide services what would have happened to these children? It is too frightening to think about.

Parent aide programs in Waterbury received nine referrals in two months. Waterbury is a city where it is common to have thirteen year olds giving birth to babies. That places the infants at a high risk since a child is now mothering a baby. She is no more equipped to handle a baby than any other child. These nine referrals are all newborn to thirteen months old. The waiting list is often as long as twenty cases and they sometimes wait for two or three months because the program is understaffed.

Parent aide programs in New Haven have twenty-four on the waiting list. There are waiting lists all over the state.

In Connecticut there are 17 such programs and all are under staffed. Children at high risk can not afford to wait. The children who I have talked about are just a small sample of the problems we see daily.

STATEMENT OF DEAN LaBATE, DIRECTOR, ADOLESCENT CLINIC, WILLIAM F. RYAN COMMUNITY HEALTH CENTER, NEW YORK CITY

Mr. LABATE. Chairman Miller, Mr. Weiss, welcome home again, members of the committee.

Good afternoon, my name is Dean LaBate. I am the director of the William F. Ryan Community Health Center's adolescent health care program, known more widely and commonly as the "Teen Health Project." We are located on West 100th Street, between Amsterdam and Columbus Avenues, just a few short blocks from where today's hearing is being held.

Our program, funded by the U.S. Department of Health and Human Services, Bureau of Community Health Services, provides comprehensive, ambulatory health care, health education and community outreach services to teenagers and young adults, 12 to 21 years old. All services of the teen health project are confidential, although parental consent and involvement are strongly encouraged.

If I may note, when we first began our program in 1979, we received a special grant from the Bureau of Community Health Services to serve an adolescent population. Two years into that program, due to budgetary cutbacks, separate funding was eliminated. The board and administration of the Ryan Health Center decided to maintain the adolescent program because of its popularity among the adolescents, and of course, the community.

The teen health project has for the past 5 years been a truly successful answer to an overwhelming community, and indeed nationwide, need, that of specialized health care services to a very unique population—adolescents.

The rate of teenage pregnancies, based on the size of the adolescent female population, has slowly and steadily risen in New York City. But here on the upper westside of Manhattan—the Riverside health district—where quality comprehensive, affordable and personal health care is available in some degree to the adolescent population, there has been a leveling off, and even a slight decline in the rate of teenage pregnancies since 1976—down 13.5 percent or a net of 100.

Since 1976, a number of crisis intervention, pregnancy prevention programs for the sexually active and/or pregnant teenager have sprung up which insure that certain essential medical, prenatal, delivery, parenting education, parenthood counseling, et cetera, services are made available to the pregnant adolescent.

While we applaud these efforts and certainly see the need and importance for these services, we at the Ryan Community Health Center believe, as has been our experience, that a more comprehensive, holistic approach to prevent unwanted teenage pregnancies is needed on a much larger and wider scale than what we are currently providing.

This approach, which we have employed, emphasizes pregnancy prevention through routine, comprehensive health maintenance made readily available during after-school and evening hours; it protects the confidentiality of the teenager while strongly encouraging family involvement; it is affordable to the teenager and not financially prohibitive; it is easily accessible and provides a comfortable, nonthreatening atmosphere.

It is staffed with dedicated individuals who are extremely sensitive and understanding to the special needs and problems faced by today's young people. It does not label itself as a pregnancy prevention program, thereby limiting and frightening many teens away.

In our estimation, more than likely, only the very highly motivated adolescent might participate in a program specifically designed for the prevention of pregnancy.

Allow me to list some of the comprehensive services provided by the teen health project: routine health care and health maintenance; immunizations; physician examinations for school, camp, jobs and/or working papers; testing and treatment for sexually transmitted diseases; complete contraceptive care, including education, counseling, and methods; pregnancy testing and confirmations; gynecological care, including PAP tests; prenatal care referrals; WIC program referrals; parenting education programs; postpartum care; one-to-one counseling; social services assistance; outreach activities to local schools and youth programs, as well as street corner outreach, thereby trying to get to the unaffiliated youth; and referral services to other young adult programs, such as

GED and equivalency programs, job development and placement programs, substance abuse programs, tutorial programs, et cetera.

A teenage parenting program will soon be established at the center. Those requiring or requesting other specialty services are referred in-house to the appropriate Ryan medical provider or department, such as dental, mental health, urology, neurology, dermatology, ENT, et cetera.

An important and effective aspect of the teen health project is our employment and use of adolescent youth counselors/outreach workers. Their functions are many and varied, but their main purpose is to establish a personal, one-to-one relationship with each of our adolescents, which helps us to personalize the health care services which we provide.

In order to be more effective in the delivery of our comprehensive services, we have networked with the following community-based coalitions: The Westside Task Force for Youth; the North Manhattan Coalition for Adolescent Health; the NYC Task Force on Teenage Pregnancy headed by Carole Bellamy; the New York Coalition Concerned with Adolescents and their Families; Planned Parenthood of NYC; the Riverside Church Health Advisory Board; Community Planning Board No. 7—Manhattan, Youth Committee; Community School Board No. 3—Manhattan; and the NYC General Social Services Advisory Council, Youth Committee.

All in all, there are approximately 150 different community agencies and programs involved with these various coalitions.

Since 1979 we have registered an estimated 4,000 of an estimated 50,000 teens and young adults who live, work or attend school on the upper westside. Roughly 12 percent, 480, are between 12 and 14 years old; 62 percent, 2,480, are between 15 and 18; and 26 percent, 1,040, are between 19 and 21.

We have generated over 22,000 medical encounters, visits, within the clinic which averages out to roughly five or six medical visits per registrant.

The ratio of females to males is approximately 2 to 1. Our ethnic breakdown is approximately 40 percent Hispanic, 38 percent black, 15 percent white, 4 percent Haitian, and 3 percent Asian-Oriental.

Our current active caseload of adolescent users for this year is 620, with more than 3,200 medical visits recorded. Clearly we have just scratched the surface.

Approximately 45 percent of our total number of registered adolescents have taken advantage of our family planning education, counseling and/or contraceptive care services. Understandably, 95 percent of these are females.

The majority of the adolescent females receiving contraceptive care are self-referred, 65 percent; the remainder, 35 percent, are referred to these services by a medical provider or counselor or school official after confidential discussions regarding their sexual activity.

It is important to note that we do not promote sexual activity, but rather sexual responsibility for those who already are sexually active, or considering their sexual involvement.

Our experience in dealing with this population has shown that the number of adolescent females requesting as their primary concern, birth control education and counseling has been substantially increasing over the number requesting pregnancy testing.

This suggests to us that given the opportunity to obtain this information and service in a setting such as ours is preferable to a teenager than having to attend a program where one might be labeled and stigmatized as being sexually active by her peers, family, or others.

Of the 1,620 adolescent females who are receiving contraceptive care, approximately 307, 19 percent, have been diagnosed with positive pregnancies. Roughly half are referred for prenatal care services and half, at their request, for terminations of their pregnancies. This also fits in with the statistics of New York City.

An understandable, yet unfortunate trend exists in the area of adolescent perinatal care. Our experiences indicate that the majority of the older—17 and up—adolescents who find that they have missed a menstrual period will usually seek out assistance from us shortly after their last menstrual period was due.

This obviously allows us to make whatever arrangements are needed or required early enough on in the young woman's first trimester. The unfortunate side is reflected in the trend which continues to exist among the younger—16 and under—adolescent females who also discover that they have missed their last menstrual period.

Because of many factors, including fear, ignorance, misinformation, confusion, and many other reasons, this younger pregnant adolescent will not seek out assistance until later in their first, or even later in their second trimester.

The danger here lies in the fact that most all adolescents at this age are considered high-risk pregnancies.

Comprehensive health care services should be as accessible and available to our teenagers and young adults as it is or should be for other segments of the population. Maintenance of one's health is a learned experience which, unfortunately, many adolescents are unfamiliar with.

Most of what they learn is taken from family and peers and only in the best of circumstances is the information regarding their bodies, their sexuality, and their health in general, only half-true and reliable.

Certainly, it is ultimately the responsibility of the families of these young individuals to inform, educate, assist, and support them in these endeavors.

It partly becomes our responsibility, as a provider of comprehensive health care services, to make certain that all types of health care services are available to them.

Speaking as a health care administrator, I must realistically also be concerned with the cost effectiveness of a program such as ours. Without hesitation, I can attest to the fact that our system of health maintenance, which includes pregnancy prevention services as part of our overall ambulatory health care program, if effective, is absolutely more cost effective in the long and short run.

I sincerely hope that this esteemed committee will review this information and stand firm in your commitment to continue and increase the Federal dollars required to fund comprehensive community health centers and programs such as ours which emphasize ambulatory health maintenance and preventive health care and incorporate pregnancy prevention and education services to the teenager, and young adult as part of an overall health care system.

Thank you for this opportunity.

[Prepared statement of Dean LaBate follows:]

PREPARED STATEMENT OF DEAN LABATE, DIRECTOR OF THE WILLIAM F. RYAN COMMUNITY HEALTH CENTER'S ADOLESCENT HEALTH CARE PROGRAM

Good afternoon, my name is Dean LaBate. I am the Director of the William F. Ryan Community Health Center's Adolescent Health Care Program, known more widely and commonly as the "Teen Health Project". We are located on West 100th Street, between Amsterdam and Columbus Avenues.

Our program, funded by the United States Department of Health and Human Services, Bureau of Community Health Services, provides comprehensive, ambulatory health care, health education and community outreach services to teenagers and young adults, 12 to 21 years old. All services of the Teen Health Project are confidential, although parental consent and involvement are strongly encouraged.

The Teen Health Project has, for the past five years been a truly successful answer to an overwhelming community and indeed nationwide need—that of specialized health care services to a very unique population—adolescents.

The rate of teenage pregnancies, based on the size of the adolescent female population, has slowly and steadily risen in New York city. But here on the upper Westside of Manhattan (the Riverside Health District), where quality comprehensive, affordable and personal health care is available to the adolescent population, there has been a leveling off, and even a slight decline in the rate of teenage pregnancies since 1976, (down 13.5 percent or a net of 100).[1]

Since 1976 a number of crisis intervention, pregnancy prevention programs for the sexually active and/or pregnant teenager have sprung up which insure that certain essential medical, pre-natal, delivery, parenting education, parenthood counseling, etc. services are made available to the pregnant adolescent. While we applaud these efforts and certainly see the need and importance for these services, we at the Ryan Community Health Center believe, as has been our experience, that a more comprehensive, holistic approach to prevent unwanted teenage pregnancies is needed on a much larger and wider scale than what we are currently providing.

This approach, which we have employed, emphasizes pregnancy prevention through routine, comprehensive health maintenance made readily available during after-school and evening hours; it protects the confidentiality of the teenager while strongly encouraging family involvement; it is affordable to the teenager and not financially prohibitive; it is easily accessible and provides a comfortable atmosphere; it is staffed with dedicated individuals who are extermely sensitive and understanding to the special needs and problems faced by today's young people; and it does not "label" itself as a "Pregnancy Prevention Program" thereby limiting and frightening many teens away. In our estimation, more than likely, only the very highly motivated adolescent might participate in a program specifically designed for the prevention of pregnancy.

Allow me to list some of the comprehensive services provided by the Teen Health Project: routine health care and health maintenance; immunizations; physical examinations for school, camp, jobs and/or "Working Papers"; testing and treatment for sexually transmitted diseases; complete contraceptive care, including education, counseling, and methods; pregnancy testing and confirmations; gynecological care, including PAP test; pre-natal care referrals; W.I.C. program referrals; post-partum care; one-to-one counseling; social services assistance; outreach activities to local schools and youth programs, as will as street corner outreach; and referral services to other young adult programs, such as G.E.D. and Equivalency Programs, job development and placement programs, substance abuse programs, tutorial programs, etc. Those requiring or requesting other specialty services are referred in-house to the appropriate Ryan medical provider or department, such as Dental, Mental Health, Urology, Neurology, Dermatology, ENT, etc.

An important and effective aspect of the Teen Health Project is our employment and use of Adolescent Youth Counselors/Outreach Workers. Their functions are many and varied; but their main purpose is to establish a personal, one-to-one relationship with each of our adolescents.

---

[1] Source: Bureau of Health Statistics and Analysis, Dept. of Health, N.Y.C. 1976 and 1980.

In order to be more effective in the delivery of our comprehensive services, we have networked with the following community-based coalitions: the Westside Task Force for Youth; the North Manhattan Coalition for Adolescent Health; the N.Y.C. Task Force on Teenage Pregnancy; the N.Y. Coalition Concerned with Adolescents and their Families; Planned Parenthood of N.Y.C.; the Riverside Church Health Advisory Board; Community Planning Board No. 7—Manhattan, Youth Committee; Community School Board No. 3—Manhattan; and the N.Y.C. General Social Services Advisory Council—Youth Committee. All in all, there are approximately 150 different community agencies and programs involved with these various coalitions.

Since 1979 we have registered an estimated 4,000 teens and young adults who live, work, or attend school on the upper Westside. Roughly 12 percent (480) are between 12 and 14 years old; 62 percent (2,480) are between 15 and 18; and 26 percent (1,040) are between 19 and 21. We have generated over 22,000 medical encounters (visits) within the Clinic which averages out to 5 or 6 medical vists per registrant. The ratio of females to males is approximately 2 to 1. Our ethnic breakdown is approximately 40 percent Hispanic, 38 percent Black, 15 percent White, 4 percent Haitian, and 3 percent Asian/Oriental. Our current active caseload of adolescent users for this year is 620, with more than 3,200 medical visits recorded. Clearly we have just scratched the surface.

Approximately 45 percent of our total number of registered adolescents have taken advantage of our Family Planning education, counseling and/or contraceptive care services. 95 percent of these are females. The majority of the adolescent females receiving contraceptive care are self-referred (65 percent); the remainder (35 percent) are referred to these services by a medical provider or counseler after confidential discussions regarding their sexual activity. It is important to not that we do not promote sexual activity, but rather sexual responsibility for those who already are sexually active, or considering their sexual involvement.

Our experience in dealing with this population has shown that the number of adolescent females requesting as their primary concern, birth control education and counseling has been substantially increasing over the number requesting pregnancy testing. This suggests to us that given the opportunity to obtain this information and service in a setting such as ours is preferable to a teenager than having to attend a program where one might be labeled and stigmatized as being sexually active by her peers, family or others.

Of the 1,620 adolescent females who are receiving contraceptive care, approximately 307 (19%) have been diagnosed with positive pregnancies. Roughly half are referred for pre-natal care services and half, at their request, for terminations of their pregnancies.

An understandable yet unfortunate trend exists in the area of adolescent perinatal care. Our experiences indicate that the majority of the older (17 and up) adolescents who find that they have missed a menstrual period will usually seek out assistance from us shortly after their last menstrual period was due. This obviously allows us to make whatever arrangements are needed or required early enough on in the young woman's first trimester. The unfortunate side is reflected in the trend which continues to exist among the younger (16 and under) adolescent females who also discover that they have missed their last menstrual period. Because of many factors including fear, ignorance, misinformation, confusion and many other reasons this younger pregnant adolescent will not seek out assistance until later in their first, or even later in their second trimesters. (The danger here lies in the fact that most all adolescents at this age are considered high risk pregnancies.)

Comprehensive health care services should be as accessible and available to our teenagers and young adults as it is for other segments of the population. Maintenance of one's health is a learned experience which, unfortunately, many adolescents are unfamiliar with. Most of what they learn is taken from family and peers and only in the best of circumstances is the information regarding their bodies, their sexuality and their health in general, only half-true and reliable. Certainly it is ultimately the responsibility of the families of these young individuals to inform, educate, assist, and support them in these endeavors. It partly becomes our responsibility, as a provider of comprehensive health care services, to make certain that all types of health care services are available to them.

Speaking as a health care administrator I must realistically also be concerned with the cost effectiveness of a program such as ours. Without hesitation I can attest to the fact that our system of health maintenance, which includes pregnancy prevention services as part of our over-all ambulatory health care program, if effective, is absolutely more cost effective in the long and short run.

Thank you for this opportunity to speak with you.

Chairman MILLER. How long have you been involved in the children's campaign, Leah?

Ms. LUBIN. A little over a year.

Chairman MILLER. Is this a local or statewide campaign?

I realize there is a national campaign. Are your local friends involved as well?

Ms. LUBIN. Yes. Well, the Children's Campaign for Nuclear Disarmament is an international organization. The group I am involved in is just based in New Haven.

Chairman MILLER. How many young people are involved in that?

Ms. LUBIN. About 20.

Chairman MILLER. Ms. Nicholas, lets talk about the makeup of parents at your day care center and how long it has been open?

Ms. NICHOLAS. Since 1969.

Chairman MILLER. Has it had the same makeup?

Ms. NICHOLAS. Now we are including more working parents. I, myself, was very surprised, given the unemployment statistics, given the area that we are in, where the unemployment rate is the highest.

Chairman MILLER. So, in fact, you are seeing an increase in the number of parents who are working who are looking for day care services?

Ms. NICHOLAS. That is right. Yes.

Chairman MILLER. Do you turn people away?

Ms. NICHOLAS. Not at this time of the year. Perhaps by January we may have reached our full enrollment. But I keep a close watch on it. Sometimes with young children who are ill, I am able to juggle, but we do at some point have a waiting list, but not too long a one.

I know many times legislators feel that working parents, particularly poor working parents, only find jobs that are subsidized. Yet most of our parents work in private industry, for the banks, telephone companies, factories.

Chairman MILLER. Mr. Negroni, are you suggesting that poor children can learn, too, and that our expectations have simply been too low. Is that a fair characterization of what you have shown in district 12?

Mr. NEGRONI. Yes. I think many places across the country have proven that all youngsters can learn. For too long we have had lower expectations and it is time that we began to understand that the expectations that we go into a situation with very often will lead to the results.

Chairman MILLER. Expectations, plus some resources and you might have success?

Mr. NEGRONI. Resources are important. If you were to ask me the question do you think money is the answer, I would say no. Certainly we need money and we might need additional money, but that is not the only answer, because I remember when I was a young teacher in 1963, 1964, and 1965, there was more money than one could handle.

I remember being in a program where someone said you have to spend $40,000 in 4 days, because there was so much money around. So money is not the key. It is how you use the money and the quality of the programs.

I think we do need some more money in education. However, it is extremely important that the programs we implement be keyed to success and that we not use money just for the sake of using money.

I think that is why the public is so against putting more money into education, because of the sixties and the money we spent. The money in chapter I is allotted based on the needs of the youngsters, so my district has been losing chapter I money consistently as I get better, so the districts that do more poorly get more money every year.

Because conditions in my community are a little more difficult—it is an economically deprived community, 99-percent minority, that has all of the social problems that one can find in any urban center—I need additional funds to keep doing what I am doing, yet I am continuously losing chapter I funds and I have lost funds every single year.

So I have to do more with less. It seems the better I get, the less I get in terms of money.

Chairman **Miller**. Your program seems to rely rather heavily on parental involvement, both in monitoring the students and working with the students during the course of the school year.

Mr. **Negroni**. Yes. One of the things when I became a superintendent 5 years ago, I didn't believe that parents had such an impact on learning and I thought that we could do it all.

One of the problems is that there is a tendency to say that because the parents don't participate, then the kids can't learn, therefore, it is not your fault.

Consequently, I kept saying that parents were not important, that we could do the job without them. I have found that the more I involve parents in the process—and research indicates this throughout the country—the more you involve parents, the better the students get and the better the community becomes, and the parents are very ready to become involved no matter where they are at.

I was speaking in Pennsylvania recently about the high involvement of parents. One of the people in the audience raised their hand and said you mean to say that welfare parents get involved?

That was a sincere comment on the part of that person, yet I would say that in the report card system, over 95 percent of the parents come in to pick up their report cards and have a conference with their teacher, so it is possible to get people who are poor to relate to the schools.

I think the conditions have been such that they have been kept out of the schools, and it is our role to get them back into the schools.

I think they are willing partners and willing to come back.

Chairman **Miller**. Mr. Weiss.

Mr. **Weiss**. Thank you very much, Mr. Chairman

Mr. Negroni, have you been able to do any kind of follow up to track the kids as they go on to high school to see what their performance is?

Mr. **Negroni**. One of the problems is that New York City is separated into a centralized, decentralized system, therefore, I don't have responsibility for high schools.

We have tried to track them, looking at them in junior high school, and attempted to keep track of them in high school, and have not been successful because of the difference in the school system.

One of the problems that I see with respect to special education, and it is a high school problem, right now the referral rate of all the youngsters referred to special education in New York City, almost 97 percent of the youngsters, are sure to be placed into special education.

We spend millions of dollars going through a process where we examine youngsters that should be in special education. It seems to me if you are putting in 97 percent of the population after you examine them and you are spending all that money, you should really stop and give the money to preventing them—because they are all going to go there anyway.

Somehow or another, our numbers are off and increasing much too quickly. When you look at the numbers of terms of high school, you will find that of the 97 percent of youngsters—97 percent of the youngsters referred going into special education, only about 5 percent of the special education population ends up graduating from high school.

So you are almost saying—this is in New York City—you are almost guaranteeing by putting a youngster in special education, you are almost putting a stamp of nongraduation from high school, so I think we have some problems with looking at why youngsters are in special ed.

That is a very important notion that we have to begin to look at. I don't think that the youngsters that are going into special education are being properly placed.

It is just too large a number. We have to look at the prevention kind of programs and the regular education programs.

The greatest prevention to special education is a good, solid background in the regular program.

Mr. WEISS. Over the course of this past year or year-and-a-half, we have had a big controversy about notifying parents before the kind of educational programs that you conduct, the contraceptive assistance programs, are, in fact, provided.

What is your program's experience with parent participation and the parent's role?

Mr. LABATE. As I said in the report, we do not mandate, as had been the intent of Congress from the beginning, any type of parental consent or involvement. When a young person comes into our program, we strongly encourage them, through the use of our counselors, and all our staff to inform their parents of what they are doing.

If there is a problem in discussing this with the parent we will make arrangements to assist them, and talk with their parents about it.

We make arrangements with parent/teacher associations in the schools to come and talk about the program. Nothing is a secret.

Our involvement with parents so far has been fairly low. One of the things that we would like to do is provide classes for parents of teenagers and maybe for children, also.

We want to focus on the adolescents. We would like to start a program for the parents of adolescents and how to talk to their teenagers about sexuality, their bodies, about their sexuality, a lot of things that parents have a difficult time discussing with their kids.

One of the programs that I had attended was run here at the Frederick Douglas Community Center, which was exactly that, a parenting education program for parents of teenagers.

It was interesting to see how much misinformation the parents of these teenagers had and that they were then giving their teenagers.

So I think it is very important to have parents involved not only in the whole process of the clinic, but providing programs for the parents of teenagers, as well.

Mr. **Weiss**. Thank you, Mr. Chairman.

Chairman **Miller**. Mrs. Boggs.

Mrs. **Boggs**. Leah, I would like to congratulate you for saying that you were part of a citizens' effort, not a young people's effort, because that is what you are and I am glad that you used that terminology.

Can you tell me where the chapters are outside the United States?

Ms. **Lubin**. Three chapters in Japan, with one in Hiroshima. There are several chapters in Sweden, a few in France, and one in England. We have received correspondence from children in many other countries, including Russia, asking for information about our organization and how to start chapters of their own.

Mrs. **Boggs**. Thank you very much.

Ms. Nicholas, from time to time we hear that the term about burned out people. Has there been a very large rise in burned out situations in the last couple of years?

Ms. **Nicholas**. I think there has been some leveling off because I think most of the tenements that were the most vulnerable have been burned. When you travel through Brownsville, you see that most of the area is completely desolate.

They have taken down most of the buildings that were burned. There are a few tenements left, but that does mean that there is a housing crisis.

The center is located in a housing project and it is located near several other housing projects, but some of our parents do come from some of the poor housing that is still left in the area.

Some of them have quite a difficult time trying to relocate, particularly those parents who have large families or some of the parents who may be in drug maintenance programs.

The abandonment of units, of course, caused a great deal of difficulty within the whole housing complex. They have become centers for dope and for crimes and for fire hazards because of the kind of litter that is deposited there.

What many people don't realize, too, for some of that same poor housing—this was the case even several years ago—the people, and some of them are working people, pay high rents, not low rents.

They are not getting those apartments for nothing.

For people receiving public assistance, the Government is paying a high rent for those kinds of buildings that you are describing.

So that while they are still standing and while people are still living in them, I believe money is being made on them. Many times, too, these buildings are not being serviced.

I talked to a young parent today who lives in a city managed building where there is no hot water—I forget what else she mentioned.

She will be trying to find someplace else.

Mrs. BOGGS. Thank you very much.

Dr. Negroni, your parent involvement, your home study kits for parents, can you tell us some of the materials that are within those kits?

Mr. NEGRONI. I left some of the kits here so you will be able to look at them. Basically, we worked with committees of parents to prepare these kits so they had input into the preparation.

The idea is to peg when a youngster fails a course, a parent knows—really don't know what to do. These kids are pegged to working with the four 10-week cycle, so there is a kid, for every 10-week cycle there is a training program for every 10-week cycle for the parent.

Mrs. BOGGS. We have heard over and over again today that suspension is really our failure and over and over that juvenile justice should use seed money for prevention and some of the coordination of the programs that can be done between education and the juvenile justice programs.

Mr. NEGRONI. One of the things we say in the schools is you can pay me now and educate properly or pay me later and have the kids in prisons because you haven't given them a way of earning a proper living.

The people attempting to make a living, in the underworld, in the underground economy, are doing it because they have no other way. For too long we have said that they do it because they like to do it.

We haven't provided the avenues for people to be prepared to work in a world as complex as ours and it is our failure, and we will pay one way or the other.

Mrs. BOGGS. Mr. LaBate, in your wonderfully comprehensive health care training and actual care of adolescents and your counselors and outreach workers who are adolescents, which is probably the very best of involving adolescents in the program, do you have any alcohol and drug-abuse components to your health care?

Mr. LABATE. Within our own clinic, within the adolescent clinic, the counselors that we have have, been trained to deal with some of these issues on a limited basis.

We do have a mental health department within the center where we have trained professionals, social workers, psychologists, psychiatrists, who can more effectively deal with the problem of drug and alcohol abuse.

Because we are unable to offer all services under one roof, (because of a limited amount of funds that we have) we have been able to network with a lot of community agencies. There is Veritas drug program, Phoenix House, all on the westside.

There are alcohol abuse programs that we can refer a young person to and follow-up on them to make sure they do not get lost in the system.

So although we can't provide it ourselves, we can refer the teenager somewhere where the service can be provided and we can keep track of them.

Mrs. **Boggs**. You say you are teaching the young people about their bodies and how their bodies function.

What about the dreadful effect that alcohol and drug abuse has upon the babies?

Mr. **LaBate**. Taking that a step further, for the pregnant adolescents attending the prenatal clinics, they have an interesting curriculum based on what is happening to their bodies during the time of pregnancy. Much of the information goes into the negative effects that alcohol and drug abuse has on their bodies and on themselves, and on the child that they will be bringing into the world.

I think that is well taken care of in the prenatal clinics that we refer to.

Mrs. **Boggs**. Ms. Davies, and, Ms. Segatori, you have told us about the severity that seems to be increasing in child abuse cases and the number of deaths that are the result of child abuse.

Do you find that the emergency rooms, for instance, of hospitals and so on are more acutely aware of what may be child abuse cases than they previously were?

Ms. **Davies**. I wouldn't say that they are acutely aware. I would say that there has been a big improvement.

I am speaking from the State of Connecticut. There have been programs like ours across the State for a number of years now.

One of their goals has been not just to work with their own group of people, but, to reach out into the community and educate. It is an ongoing process to raise the level of awareness.

There are still many, many cases that do not go to the right agencies, that are not referred, that do not get services.

My background is in nursing.

I worked for 14 years and saw too many cases of spiral fractures, highly suspicious burns, children with repeated bruises which were never reported to DCVS, the parents were never offered services. We only treated the medical problem.

We are saying to the workers in all settings, take the blinders off, there are systems that will work with you, don't be afraid to see abuse as a symptom and let's start working with these parents when they come in the first time.

Some centers are more aware than others if they have a program right in the hospital, but there is a lot of work to be done.

Mrs. **Boggs**. Ms. Segatori, do you think that your group could make them more aware with the specialists that go out into the communities?

Ms. **Segatori**. Yes. I am from a small town. What we found when we started the parent aide program in small communities, that people that are in the medical profession and educators are not aware of what some of the signs are in child abuse and neglect, and what I have done with some of my colleagues is in the small areas we are doing education work, getting into the emergency rooms, the pediatric units.

This past April I put together two workshops for the educators. The response of that was could we have this ongoing. I have seen these signs, but wasn't aware it was child abuse or neglect.

So we are getting into all the areas that need to be educated.

Mrs. **Boggs**. I think we have two situations here that are meeting to make your way very important in that regard. One is that there is more child abuse because of the stress upon families who are unemployed or whose resources are so reduced.

The other is that when that happens, there is less money for medical care, and since the families can't afford medical care, we see them bringing children more and more into the emergency rooms for regular medical care, because they can't afford to take them to the pediatrician.

So the combination of those two situations, it would seem to me that it would make it especially important for you to keep up your important work.

Ms. **Segatori**. The school systems, what is happening, kids are going to the nurse in schools with their medical problems, and when the nurse speaks to them they find out there are a lot of problems in the home and a lot of these children are worried or not getting medical attention because of the situation at home.

From my statistics from working with several superintendents of schools, we are doing some research and finding that it is the economy, either the mother or father is unemployed and there is just no money.

Mrs. **Boggs**. Thank you, Mr. Chairman.

Chairman **Miller**. Ms. Mikulski.

Ms. **Mikulski**. Thank you, Mr. Chairman.

Mr. LaBate, just to be sure I understand your program, the teen health project, is that a HMO for teenagers or does it only provide services around pregnancy, although you call it a HMO?

Mr. **LaBate**. No. We are a community health center, which is much like a HMO, but I believe—I may be corrected here—that we have different legislation that funds these types of programs, community health centers.

If I am also not mistaken, there is at least one community health center in each congressional district in the country. I know we have about seven in New York City.

The teen health project is as comprehensive as I said it was. It is not just a pregnancy program that is labeled as a comprehensive program. We provide all those health maintenance and preventive care services that I described.

Ms. **Mikulski**. Let's say that there is a 15-year-old living in the community who wants a doctor for him or herself for an evaluation. It could be anything from acne to mental health counseling. Will they just come in your one-stop shop for teenage health?

Mr. **LaBate**. Practically, yes. I would say so. Considering the range of services that we have and the types of outreach that we do and the publicity within the community, we have become pretty much a one-stop center for most of the health care problems that are faced by the young people in this neighborhood.

We have adolescents coming in to us for other types of problems because they heard from other teenagers that someone came into the clinic, and received a health care service. In addition, one of the counselors may have talked to them and was able to get them into a job placement program or GED program.

So we have become more than just a health care center.

Ms. **Mikulski**. So somebody waiting in the waiting room could be there for everything from acne to V.D., to needing a health certificate to be able to get into a school or program.

Mr. **LaBate**. That is right. That is what I feel is the main attraction to the program, that we don't label ourselves, although it is a part of the program, as a pregnancy prevention program.

The other teenagers sitting in our waiting room could be there for anything, and, therefore, the negative stigma attached to being there for a pregnancy test or birth control or V.D. is minimized by the fact that they could be there for any number of things.

This is why we have more teenagers attending our program than other types of programs that exist.

Chairman **Miller**. How much do you charge?

Mr. **LaBate**. We accept medicaid, and charge a flat fee of $2 for each medical visit which we expect the teenager to pay. The Ryan Health Center has a sliding fee scale which we abandoned so we could serve as many teenagers as possible.

Ms. **Mikulski**. What about the utilization by males and females?

Mr. **LaBate**. We have a 2-to-1 ratio of females over males. We have a high number of males because we do physicals, routine immunizations, and sports physicals. That information attracts a lot of young males.

We have tried and will try again, come September, to start up a parenting program involving the young fathers.

Ms. **Mikulski**. If I may just continue this for a little longer, Mr. Chairman, last week we held hearings on teenage pregnancy and we had a splendid social demographer testify.

She gave a rather extensive profile on teenage women and the need for counseling and services, but I asked her, gee, we always focus on women, what about the guys, since it seems to be a partnership, no matter how temporary.

She told me that from the standpoint of a social demographer, that very little was known about the young men in terms of the counseling and in terms of the outreach. Has that been true of you and would you have any recommendations on communicating and doing outreach with the young men?

Mr. **LaBate**. I think it is very important to somehow in the outreach efforts and in the publicity of things to inform the young men of the neighborhood that this is a service that they may also use.

Therefore, when we go to a street corner or a school or the parks, we make sure we have information available to the young men. When a young lady comes in and requests information about birth control, we ask her, does she have a boyfriend, is she married, is there a partner that she would like to bring to the birth control education program.

Ms. **Mikulski**. What happens?

Mr. **LaBate**. Very often she comes alone. I would say maybe a quarter of the time they will bring their boyfriend, or partner, with them to attend the birth control education class or later on will send their boyfriend or partner to the counselors to talk about birth control methods available for young men.

We will oftentimes talk to the young men about the use of condoms.

Ms. MIKULSKI. You feel that the primary care center would be another way of involving them?

Mr. LABATE. I do.

Ms. MIKULSKI. We have talked about parental involvement, the day care work, and Dr. Negroni's work. It seems to me a key component of your program is the use of the parent aides, but also the Parents Anonymous.

It seems to me that the services for getting parents involved in some type of therapeutic program is one of your biggest challenges.

What approach, what motivation and how do you do that that we could learn from?

Ms. DAVIES. Our legislation in Connecticut stresses maintaining children in their homes, or as close to the home as possible, to prevent not only the violence of child abuse, but the trauma of removing a child from his own family. This is the basis for a lot of the programs that are in the model system in Connecticut.

We know that it is extremely traumatic to a child to remove him at any age from that primary parent, whether it is a biological or psychological parent. We must do anything we can to prevent that while still protecting the child.

This plan may not always appear to be the most cost effective, but the bottom line is that most of those parents reported for abuse and neglect want to keep their children at home and the child does need to belong to the family.

The quickest answer is sometimes foster care, but what we find out when we offer parent aide services and a support group is that a very high percentage of these parents want that service and can use it effectively.

There is a parent aide program in the city where I work which covers a 15-town area, with 25 parent aides. They are constantly being begged to take cases. Parents call for themselves asking for these services. Instead of calling to ask to have the child removed and put into foster care, which was done in the past during times of stress, some of those same parents are now calling and saying "I want to get into the program, I want an aide."

Ms. MIKULSKI. Is that also true of the sexual abuse and incest?

Ms. DAVIES. Those cases are very difficult to deal with and part of it is because of a lack of knowledge about it.

We don't understand all the dynamics and there is no one treatment or cure. The more centers which open, and we have excellent programs in our area, the more people come for help by referring themselves.

The community is concerned and hesitant to work in conjunction with some treatment centers. We are afraid to treat the children in their home because it is so awesome to think about a 2-year-old being sexually abused by a parent.

But many treatment centers and Parents Anonymous groups are offering treatment while the child remains at home. The in-home treatment requires an extensive cooperative network in order to protect the child while, at the same time, working for change in the family and that is where our multidisciplinary teams come in.

Chairman MILLER. Does Federal money support Parents Anonymous?

Ms. **Davies**. The Federal money that was used as seed money helps to support the executive director in Connecticut. All other positions are voluntary.

They just received a grant to put in a treatment for children component into their program in Connecticut in the next year. This money was partially supplied through block grant funds.

Chairman **Miller**. Congressman McHugh.

Mr. **McHugh**. That was one of the questions I had about the importance of Federal money enabling some of the key people like yourself to be independent of governmental agencies at the State and local level, so that you could be an advocate for the children as you said.

How does that work exactly? The people who are getting Federal money, how does that money come down to them to maintain this kind of independence?

Ms. **Davies**. I gave you a model wheel. The State of Connecticut, when they received the Federal child abuse dollars hired a person in the Department of Children and Youth Services to handle the distribution and monitoring of these funds.

At that point, it was decided, in order to keep community support, which totals thousands and thousands of dollars a year of professional time and inkind private agency support, as well as hundreds of volunteer hours, they were going to have to leave some ownership to the communities. The department established a program director of the Connecticut children's protection project in the State Department.

The program director of Connecticut children's protection project is the overseer of the grants. The teams, the parent aide programs, and the Parents Anonymous groups are all owned by the community. We receive technical assistance and cooperation in working with the State department from the program director, but we are really owned by each of our communities and that makes us very responsive to community needs.

Mr. **McHugh**. Mr. LaBate, I want to be clear on the sources of your funding. You mentioned medicaid and cases where that is available and, of course, the minimal fee that you charge.

What is your primary source of funding?

Mr. **LaBate**. The primary source of funding for the Ryan Health Center is the Federal Government, Department of Health and Human Services, Bureau of Community Health Services.

I believe it is Federal legislation 330, which funds community health centers. As I said before, we had a separate grant to service adolescents when we first started the program, but that was eliminated after the first year of funding due to budgetary cutbacks. We have had to rely on the operating budget of the Ryan Health Center, as well as additional grants to supplement the program.

We have a very small grant from the New York City Community Development Agency that assists us with some of the outreach work and some of the nonmedical pieces of the program.

We have also received small grants from Citibank to help us with the publicity of the program. That money is not available through the Federal Government.

In order to be effective, you have to have some kind of publicity and outreach.

Mr. McHugh. Dr. Negroni, I am sure that your testimony is of interest to all of us, given particularly the kind of publicity and reports we are hearing all the time in terms of education and how bad it is.

You have been able to accomplish miraculous things under the most difficult circumstances. You have outlined a long list of things that you have done, and we don't have time to get into all of those.

I will ask you about one thing, the open enrollment policies. Could you describe briefly how that works in your district and accomplishes the things that you have described?

Mr. Negroni. One of the problems that I had in my district was to attempt to foster a little competition among the junior high schools. I did not do this in the elementary schools.

We began to set up schools with a focus where parents might select where they wanted to send their youngsters and it was very structured.

So it wasn't anybody could go anyplace. It took 2 years to implement and we were able to move youngsters around and not close any schools and yet people were picking the schools they wanted to go to.

In selecting the schools, since the parent has had an input in selecting the school, he feels better about that school and I have found it successful.

I have also been able to close schools that I felt were ineffective. Now, that is a political problem in reality, how do you close a school?

I think we are probably the only district in the country that has admitted that there are certain schools that we could not improve because of the conditions, attempting not to blame any group of people, but saying conditions are such that it cannot work here, we are going to close them up.

There is a movement in New York City to do that with high schools. I have done that with junior high schools, reopen them with another focus and it worked very well.

Mr. McHugh. You seem to have done things with considerable flexibility in your school district. How do you get this flexibility and are other districts doing it like you are doing it?

Mr. Negroni. The renaissance that I speak about in District No. 12, I think, is something occurring throughout the country and in the city of New York, however, to a lesser extent in some places.

I feel that one does not worry about where the power lays, one assumes that one has all the power to do all the things that one has to do to do the job and power is responsibility. So I attempted to do what has to be done for youngsters and hope that in doing that, when I do step on people's toes, they will understand that the end is what counts and that is that youngsters are beginning to be educated.

The answer is I have been bloodied at times, but I believe that unless we begin to do this there will be no change. I think that I am not unique either in the city of New York or in the country.

I think that people are willing now to stand up in many areas and say, "enough, we are going to attempt to make changes that are good for kids."

I believe in the same form that the people from Connecticut believe, that I am an advocate for youngsters, not for parents necessarily. I am an advocate for parents only with respect to youngsters and I help parents so I can eventually help youngsters.

I see the youngsters in my charge as my main concern.

Mr. McHugh. As you know, most of the responsibility in education rests with the local school districts and the States. Is there anything in your experience at the Federal level which has been particularly helpful, or to the contrary, has been a particular problem, so from the standpoint of Federal legislation is there something given your good experience that we should know about?

Mr. Negroni. We could spend more than likely the next 3 days here. I will say that some of the changes in chapter I have become helpful because there has been some flexibility in chapter I so that you have school wide programs possible.

One of the problems with chapter I; it was the tail wagging the dog.

People were organizing their schools around chapter I, rather than around the State and city money, so now there is some flexibility. The Public Law 94-142 is one of the best pieces of legislation coming from the Federal Government in terms of giving these young people their rights.

However, I think it is due time for us to begin to look at the legislation with some changes definitely in order at this time. I am a member of a panel of superintendents who in New York City work with Bank Street in making recommendations to the Federal Government.

We have called for a White House Conference on the Handicapped because we feel that there is a need now not to alter Public Law 94-142 to the extent that it would not have the impact that it has had, but certainly to begin to look at its impact and to begin to make the changes.

One of the problems has been that each State has interpreted Public Law 94-142 in its own way, so that what you find when I go to Texas to work on a particular project, I find that special education is being implemented in a very different way than it is in New York City or Connecticut.

So we need to look at the problem with the intent of improving the situation, certainly assuring that we are responsible for youngsters from the cradle to the grave when they are handicapped.

We have to begin to look at that in total.

Mr. McHugh. Thank you very much.

Thank you, Mr. Chairman.

Chairman Miller. Thank you.

I want to thank all members of the panel, and I want to ask Leah if when you return from your conference in Europe on nuclear war, you might submit to us what you learned and what you found out since we are going to keep the record of this hearing open for another month.

We would appreciate it if you would consider doing that.

Ms. Lubin. Yes. When we return, we plan to put together a slide show and talk which we will present to New Haven schools and other groups that are interested, and we will be sure that you get a copy of it.

Mrs. **Boggs**. Also, since we have an in-house expert here in Leah, could we ask her what she thinks of some of the testimony that has been given to us today and are they addressing some of the needs of adolescents?

Ms. **Lubin**. Yes. I think a lot of it sounds great. I think what he said about schools not needing money isn't true.

Mr. **Negroni**. They need money. They certainly do.

Ms. **Lubin**. But it certainly has been interesting, what has been said.

Chairman **Miller**. Thank you.

The committee stands adjourned, and thank you all for your participation.

[Whereupon, at 3:35 p.m., the committee was adjourned subject to the call of the Chair.]

DOWNTOWN WELFARE ADVOCATE CENTER
ONE UNION SQUARE, ROOM 805, NEW YORK, N.Y. 10003

THE MAL-ADMINISTRATION OF PUBLIC ASSISTANCE IN NEW YORK:

CHAPTER I

THE IN-HUMAN RESOURCES ADMINISTRATION'S CHURNING CAMPAIGN

BY

TIMOTHY J. CASEY*

This is the first in a series of articles on how public assistance is mal-administered in New York. One out of eight persons and almost one out of three children in New York City - 350,000 adults and 500,000 children - depend on public assistance due to unemployment, lack of child care, disability, and age. They are victimized by an administrative system in which lawlessness is rampant, emergency needs are ignored, and aid is withheld from tens of thousands of persons who need it and who are eligible for it.

---

*The author is the Coordinating Attorney for Government Benefits at Community Action for Legal Services (CALS), 335 Broadway, New York City, New York 10013. Kurt DeSoto, a student at Columbia University Law School, assisted in the research for the article. Judy Wessler and Amy Herman from CALS and Dr. Anna Lou Dehavenon from the East Harlem Interfaith Welfare Committee, provided helpful comments on a draft.

THE HRA CHURNING CAMPAIGN

In 1976 the New York City Human Resources Administration (HRA), the city agency which mal-administers public assistance in New York City, began a massive "churning" campaign to reduce public assistance costs by terminating needy and eligible people's benefits. Since 1976 it has continued that campaign at an accelerating rate severely harming hundreds of thousands of needy people.

"Churning" is the name coined by HRA to describe what happens to the public assistance caseload as a consequence of HRA's practice of closing large numbers of cases for what HRA calls "administrative" reasons. Public assistance case opening and case closing statistics seem to indicate that each month tens of thousands of people become financially eligible for assistance and enter the public assistance system while tens of thousands of others become self-sufficient and leave the system. It appears, therefore, as if the composition of the public assistance caseload changes very rapidly.

This appearance is an illusion. Most of those whose benefits HRA terminates are not self-sufficient but people who are needy and financially eligible for assistance at the time their case is closed. Most of those whose cases HRA opens are the very same people whose cases HRA closed a few months before. The public assistance caseload is, in HRA's word, being "churned". By this "churning" HRA reduces public assistance costs since no benefits are provided to the needy people whose cases are closed from the time their case is closed until the time it is re-opened. That usually takes at least one month and often many months.

This article will demonstrate that HRA has known for a decade that many of those whose cases it closes for administrative reasons are needy and eligible for public assistance. HRA has nevertheless continued to close more and more cases for administrative reasons as a fiscal relief measure. New York consequently now leads the country in case closings for administrative reasons. By such closings HRA each month now makes destitute between 15,000 and 30,000 needy people, half of whom are children. They suffer severely and are often forced to steal or to beg to survive.

"Failure To Comply" and "Whereabouts Unknown" Case Closings

HRA now closes between 19,000 and 20,000 public assistance cases a month, about 6% of all the cases receiving aid, terminating assistance to approximately 40,000 people monthly. This is more than twice as many cases as HRA closed monthly in 1975 when the caseload was approximately the same size as it is now.

Case closings have increased because HRA closes far more cases now than it did in 1975 for two administrative reasons: "failure to comply" - meaning that a recipient has allegedly failed to comply with a request made by HRA; and "whereabouts unknown" - meaning that a recipient has allegedly moved without informing HRA of the new address. About 80% of the cases HRA closes are closed for one of these reasons. "Failure to comply" case closings account for about 60% of all case closings and "whereabouts unknown" case closings account for about 20% of all case closings.

HRA first substantially increased case closings for "failure to comply" and "whereabouts unknown" in the early 1970's. This increase resulted from a decision by HRA to more frequently mail letters to public assistance recipients instructing them to come to an HRA office or to return an enclosed questionnaire in order to verify their continued eligibility. Each time HRA mails such letters to the public assistance caseload large numbers of needy and eligible people have their cases erroneously closed. Some recipients never receive the letter because HRA mails it to the wrong address. When those recipients therefore don't keep the appointment or return the questionnaire, HRA closes their case either for "failure to comply" or for "whereabouts unknown." Others return the questionnaire or keep the appointment but have their case closed for "failure to comply" even though they have complied. Still others have their case closed for "failure to comply" because they were too sick to keep the appointment.

As early as 1973 HRA realized that many of those whose cases it was closing for "failure to comply" and "whereabouts unknown" were needy and eligible people. Its own data systems showed that as the number of cases closed for administrative reasons increased so too did the number of cases re-opened within a few months of the case closing. The HRA Office of Policy Research in that year prepared a report for the HRA Commissioner explaining the direct connection between case closings and case re-openings. It was that report which apparently coined the term "churning":

> "For the past several years, the NYC welfare system has been trying to control the explosive growth in the welfare rolls. Part of the mechanism for reducing the rate of growth and finally reducing the size of the rolls has been to tighten administrative procedures affecting client eligibility.

> This tightening has two aspects: clients find it harder to get on the rolls and clients receiving assistance are more likely to have their assistance terminated by administrative action...
>
> (From our files) we see that administrative closings were the most likely to reopen rapidly... These rapid re-openings are also the most likely to be for reasons unrelated to changes in client need...
>
> This phenomenon of administrative *churning*, or rapid turnover of cases largely *unrelated* to changes in client needs,... distorts the statistics on case openings and closings (and) seriously distorts any analysis of client behavior..." (emphasis added).[1]

In 1976 two factors coincided to provide HRA both a greater than normal incentive to close needy people's cases and an excuse for doing so. The first factor was the City's looming "fiscal crisis." The City pays 25% of the cost of one of the two public assistance programs HRA administers - the Aid to Families with Dependent Children (AFDC) program - and 50% of the cost of the other -

---

1. *Preliminary Findings On Short-Term Case Dynamics,* HRA Office of Policy Research, p.15, (April 1973).

the Home Relief program.[2] Any reduction in public assistance costs would therefore help alleviate the fiscal crisis. The second factor was a directive by the federal and state governments - which each pay part of the AFDC program's cost - that HRA reduce AFDC overpayments. As a consequence of that directive, HRA could and would respond to criticisms of its case closing practices by claiming that they are necessary for HRA to reduce AFDC overpayments.

In 1976 HRA therefore greatly increased the frequency of its "appointment" and "questionnaire" mailings. The predictable result was a sharp increase in the number of cases closed for "failure to comply" and for "whereabouts unknown." The former increased from 3,900 to 7,600 a month and the latter from 1,700 to 3,100 a month between the last quarter of 1975 and the third quarter of 1976.[3]

---

[2] There are about 250,000 AFDC cases - 750,000 AFDC recipients - in New York City. The typical AFDC case is a mother and two children, at least one below school age. There are about 110,000 Home Relief cases in New York City. The typical Home Relief case is a single person who is unemployed or disabled.

[3] Statistics compiled from the HPA Quarterly Case Turnover Report, p.18, Table 6 (c) (August 1978). The numbers in the text are rounded to the nearer hundred.

In the years since 1976 HRA has continued to increase the frequency of its "appointment" and "questionnaire" mailings. As shown in Table 1, by this simple expedient it has produced a continuing increase in the number of cases closed and in the case closing rate (number of cases closed per 100 cases receiving aid).

Table 1

Average Monthly Public Assistance (PA) Caseload, Average Monthly PA Case Closings, And Average Monthly PA Case Closing Rate In New York City From 1975 to 1981[4]

	Average Monthly PA Caseload	Average Monthly PA Case Closings	Average Monthly PA Case Closing Rate (per 100 cases)
1975	335,000	9,700	2.9
1976	358,000	13,600	3.8
1977	354,000	17,600	4.9
1978	340,000	16,400	4.9
1979	331,000	17,300	5.2
1980	332,000	17,400	5.2
1981	334,000	18,300	5.5

In 1981, the last full year for which HRA data was available, case closings averaged 18,300 monthly and the monthly case closing rate averaged 5.5 per 100, almost double the 9,700 monthly case closings and 2.9 per 100 monthly case closing rate in 1975. In the first 11 months of 1982 the increase continued. Case closings averaged 19,800 monthly and the monthly case closing rate 5.8 per 100.[5]

---

[4] The statistics in Table 1 were compiled from the HRA Public Assistance Report(s) for the period 1975 to 1981. Caseload statistics are rounded to the nearer thousand and case closing statistics to the nearer hundred.

[5] Statistics compiled from the HRA Monthly Statistical Report for November 1982.

In November 1982, the most recent month for which HRA data was available, HRA closed 10,000 cases for "failure to comply" alone - 300 more cases than the total number of cases it closed in an average month in 1975 - and HRA closed almost 4,000 cases for "whereabouts unknown."[6]

Due to HRA's massive "churning" campaign, New York ranked first among all states in the proportion of AFDC cases closed which were closed for "failure to comply" and "whereabouts unknown" - rather than because the family had been determined to be no longer financially eligible - in the last quarter of 1980, the most recent period for which nationwide data is available.[7] In this period 81% of the AFDC cases closed in New York were closed for either "failure to comply" (54%) or "whereabouts unknown" (27%), more than one and a half times the 51% average proportion of cases closed for these reasons in the other states exclusive of California.[8]

---

[6] Id.

[7] HRA is responsible for more than 60% of New York's AFDC case closings. The statewide data therefore reflects HRA's practices. The limited information available on case closings elsewhere in New York State suggests that the case closing problems in New York City are also quite common throughout New York State.

[8] Statistics compiled from Applications and Case Discontinuances for AFDC October - December 1980 Table 5, p.11, U.S. Department of Health and Human Services (December 1982). California is excluded from some of the text's comparisons because it is engaged in a churning campaign of its own. Since it has approximately 15% of all AFDC cases, its inclusion would understate the real difference between case closings for administrative reasons in New York and case closings for such reasons elsewhere. California ranked second to New York in the proportion of AFDC cases closed which were closed for "whereabouts unknown" and "failure to comply."

Although New York had but 9.6% of all AFDC cases nationwide, it was responsible for 18.4% of all cases closed nationwide for "whereabouts unknown"; although New York had but 11% of all AFDC cases in the 49 states exclusive of California, it was responsible for 16.8% of the case closings for "failure to comply" in these 49 states.[9]

"General assistance" is the generic name for public assistance programs like New York's Home Relief program which are entirely state and/or local programs. There is no nationwide data on case closings in other states "general assistance" public assistance programs. It is most likely, however, that New York also leads the country in general assistance "failure to comply" and "whereabouts unknown" case closings. HRA closes proportionately two and a half times as many Home Relief cases for these reasons as it closes AFDC cases for these reasons. It is unlikely that it is simply coincidental that the City pays proportionately twice as much of the Home Relief program's costs as it pays of the AFDC program's costs.

---

[9] Id.

Most Of The People Whose Cases Are Closed By HRA Are Needy People

In each of the five years from 1977 to 1981 HRA closed approximately 100,000 more cases than it had closed in 1975. Yet despite 500,000 more case closings, the public assistance caseload declined by only 20,000 cases from 1976 to 1981. The reason, as shown in Table 2, is that most of those whose cases were closed for administrative reasons were needy and eligible, re-applied, and had their case re-opened.

Table 2

Average Monthly Public Assistance (PA) Case Openings, Average Monthly Number And Proportion Of PA Case Openings Which Were New Openings, And Average Monthly Number And Proportion Of PA Case Openingn Which Were Re-openings In New York City From 1975 to 1981. 10

	Av.Monthly Total PA Case Openings	Av.Monthly PA New Openings	Proportion Of New Openings To Total Openings	Av.Monthly PA Re-Openings	Proportion of Re-openings To Total Openings
1975	12300	6900	.56	5400	.44
1976	14400	6900	.48	7500	.52
1977	16600	5800	.35	10800	.65
1978	15600	5400	.35	10200	.65
1979	16800	5700	.34	11100	.66
1980	18000	6200	.34	11800	.66
1981	18500	6500	.35	12000	.65

---

10. The statistics in Table 2 were compiled from the HRA Quarterly Public Assistance Report(s) for the period 1975 to 1981. The case opening statistics are rounded to the nearer hundred.

Between 1975 and 1981, the average number of cases opened monthly increased by 6,200 from 12,300 to 18,500. More than the entire increase in case openings was due to an increase in case re-openings. New openings actually declined. The 12,000 cases which HRA re-opened in an average month in 1981 equalled between 80% and 90% of the between 13,000 and 15,000 cases which HRA closed in an average month in 1981 for "failure to comply" and "whereabouts unknown."

The strikingly parallel increases in case closings for administrative reasons and case re-openings and HRA's own internal studies demonstrate clearly that most of those whose cases are closed for administrative reasons are people who are financially eligible for assistance. Most conservatively estimated, at least half of the people whose cases HRA closes for administrative reasons are needy people. As many as 90% may be. HRA now terminates aid to between 30,000 and 33,000 persons a month for "failure to comply" and "whereabouts unknown." This means therefore that each month it make destitute between 15,000 and 30,000 persons. Half of them are children.

Needy Persons Suffer Severely When Their Public Assistance Benefits Are Terminated

Public assistance recipients depend on their benefits to meet their basic needs. When their benefits are terminated erroneously, they have no money to pay for food, rent, clothing, utilities, or anything else. Even if their case is re-opened within a few months, a family whose benefits are erroneously terminated will almost always face a food emergency in the interim. It may be evicted and made homeless or may have its utility service disconnected because it can not pay for rent or for utility service when it is not receiving aid. Two studies suggest that HRA's case closings practices are one of the principal causes of food emergencies and evictions in the City.

The charitable agencies which belong to the East Harlem Interfaith Welfare Committee (EHIWC) since 1979 have administered a questionnaire to persons who come to them for emergency food in order to determine the reason for the food emergency, how long there has been no money for food, and how the family has coped with the crisis.[11] In 1982, 138 (21%) of the 667 families surveyed by EHIWC reported that their food emergency resulted from a termination of their public assistance benefits.[12] One hundred twenty had already re-applied or indicated they were about to re-apply. Those 120 households included 450 persons: 162 adults (3 pregnant) and 288 children. Twenty seven children were less than a year old and 183 between age 1 and age 10. 39% reported that they had been without regular income for food for less than 7 days, 22% for between 8 and 15 days, 23% for between 16 and 30 days, 8% for between 31 and 89 days, and 8% for more than 90 days. Sixteen families (13.3%) reported that they had stolen food or money for food to survive and 27 (22.5%) that they had begged for food or money for food to survive. The reasons these families gave for why their case had been closed included: failure to keep appointment at HRA due to hospitalization, due to non-receipt of the appointment letter, or due to late receipt of the appointment letter; failure by HRA to properly record a new address; and failure by HRA to record receipt of questionnaires that had been mailed to it.[13]

---

[11] Those agencies include: The East Harlem Family Problem Clinic, Little Sisters of the Assumption Family Health Services, Resurrection House, Saint Cecilia's Parish Services, Saint Francis de Sales Parish Services, and the Salvation Army Community Outreach Program. The discussion in this paragraph of the text is based on the EHIWC Fact Sheet #2 - Households With Children In Food Emergencies In 1982 Who Had Been Cut Off And Were Re-applying for Welfare (March, 1983). A copy can be obtained by writing to East Harlem Interfaith Welfare Committee, 2050 Second Avenue, New York, New York 10029. As explained in the Fact Sheet, because of a huge increase in food emergencies in 1982, EHIWC completed the food emergency questionnaire only for households with children rather than for all persons with a food emergency as in previous years.

[12] 318 (48%) of the 667 households were receiving public assistance. The food emergencies in those cases were caused by the inadequate public assistance benefit levels.

The Community Service Society (CSS) in September 1979 sought with the cooperation of HRA to contact 150 households whose cases HRA had closed in July 1979 for alleged failure to keep a "face-to-face" eligibility recertification appointment. The impetus for the study was CSS's concern, confirmed by the study, that he HRA procedures resulted in the termination of aid to persons who were needy and eligible.[14] 5% of the addresses furnished to CSS by HRA were non-existent or non-residential. 45 of the cases for which a correct closing address was furnished by HRA had already "moved" without leaving a forwarding address, the typical pattern when someone has to leave because rent is owed.

Of the households CSS was able to locate and interview, 95% reported they had been eligible at the time their case was closed, a "substantial" but unspecified proportion that their case had already been re-opened or was in the process of being re-opened, and 35% that they were behind in rent. The reasons reported for why a case had been closed included: non-receipt of the appointment letter (15%); that the appointment had been kept but the case closed nevertheless (30%); and refusal by HRA to re-schedule an appointment missed due to illness or job responsibilities (% not given).

---

[13] For only one of the 54 families for which EHIWC recorded a reason for the case closing was that reason a (mistaken) determination of financial ineligibility.

[14] Recertification Pilot Study: Field Experience and Survey Results, Community Service Society (April, 1980)

The potential for health damage when needed aid is terminated is also high although no studies have focused on this issue. Public assistance benefits are about 25% below the official poverty level. Many, if not most, recipients therefore do not have a nutritionally adequate diet. Serious health problems, a substantial proportion of which are stress-related, are far more prevalent in the public assistance population than in the general population. A hunger crisis or homelessness even for just a few days can exacerbate a medical problem. Should this happen, medical treatment could well be unavailable. Recipients depend on the Medicaid program to obtain health care. When HRA terminates public assistance, it almost always simultaneously terminates Medicaid eligibility.

Why HRA Terminates So Many Eligible People's Benefits

It is not inevitable that HRA terminate aid to so many needy and eligible people in order to exclude those who are ineligible. It could modify its procedures in ways which would reduce substantially the number of needy people whose cases are closed. The problem, as illustrated below, is that HRA doesn't want to reduce that number.

Since 1976 HRA has terminated aid to hundreds of thousands of needy people who, due to HRA's faulty procedures, were erroneously determined to have failed to comply with the "face-to-face" eligibility recertification requirement which was the focus of the CSS study discussed earlier. HRA is required to provide recipients a written notice of its intent to close their case for failure to comply with the "face-to-face" requirement ten days in advance of the date the closing will take effect. State public assistance regulations require HRA to cancel the case closing if during that ten day period a recipient comes to an HRA office and demonstrates that she is still eligible.

Many of the eligible people whose cases HRA closed for failure to comply with the "face-to-face" requirement could then have avoided the case closing. They did not avoid it because they were not aware that HRA was legally prohibited from closing their case if they went to an HRA office within ten days and demonstrated their continuing eligibility. They were not aware of this because HRA would not include this information in the case closing notice. It actually required a lawsuit against HRA simply to get it to include this information in the case closing notice. It is only since December 1982 that it has done so.

The reason that HRA is not interested in reducing the number of eligible people whose benefits are terminated is, as explained in its 1973 report quoted earlier, that it reduces public assistance costs whenever it closes a case. From the early 1970's and even more so from 1976 it has been politically acceptable in New York for HRA to reduce public assistance costs by what can only be characterized as stealing from the poor. Conservatively estimated, HRA reduces public assistance costs $7 million monthly by terminating eligible people's benefits.

What Can Be Done About The HRA Churning Campaign

The New York State Department of Social Services (NYSDSS) by a simple change in the state public assistance regulations could substantially reduce the profit HRA makes by closing eligible people's cases and lessen the harm that results when this happens. Most of the eligible people whose cases HRA closes eventually have their case re-opened. Under the current NYSDSS regulations, however, HRA need only provide them benefits from the date the case is re-opened even if they demonstrate that they were financially eligible from the date the case was closed. Under those same regulations HRA can moreover legally refuse to re-open a case until the thirty-seventh day after an eligible person whose case has been closed re-applies.

NYSDSS could change its regulations to require that HRA and other local public assistance agencies provide benefits back to the date an eligible person's case was closed when the case is re-opened. This change would sharply reduce the incentive HRA now has to close eligible people's cases.

Even were this change made, HRA would still continue to close many eligible people's cases as it would still make some profit by doing so. As confirmed by both the CSS and EHIWC studies, some eligible people who re-apply have their re-applications denied and others do not re-apply.[15] Little is known about how such persons continue to survive.

---

[15] Perhaps the most dismaying fact reported in the EHIWC *Fact Sheet*, note 11 *supra*, was that 18 of the 138 families whose benefits HRA had terminated apparently did not intend to re-apply even though they were obviously needy as shown by the fact they had come to EHIWC to ask for food.

HRA would "willingly" change its procedures to reduce the number of needy persons whose benefits are terminated if local elected officials told it to do so.[16] Public assistance recipients have little ability to influence the political process as they do not make campaign contributions and most are children who can not vote. If their interests are to be protected, others must speak up for them.

---

[16] It is illuminating to compare the response by New York officials and the media to another case closing campaign with their response to HRA's churning campaign. About three years ago the federal government embarked on a major campaign to reduce Social Security costs by terminating Social Security disability recipients' benefits. The national and local media have carried dozens of stories about this campaign, almost all major City and State elected officials - the Mayor and the Governor, among others - have decried it, and the State is now suing the federal government to try to end it. HRA's case closing campaign has gone on for far more years, has affected far more New Yorkers, and has had a far harsher impact on those affected than the federal government's campaign. Media coverage, however, has been virtually non-existent, and the State has not sued HRA to end it. The difference between the two case closing campaigns is that the federal government's campaign increases New York's public assistance costs while HRA's campaign reduces them. Many of those whose disability benefits are terminated turn to public assistance.

TRENDS FORECASTS

A Report on Human Services in New York City, published by the Community Council of Greater New York

SPECIAL ISSUE

Child Health Services IN NEW YORK CITY

This report was made possible in part by a contract with the Human Resources Administration (HRA 2P00020).

INTRODUCTION

Although there were about 500,000 fewer children under age 20 in New York City in 1980 than a decade earlier, there are still nearly two million children in the City, children for whom basic health care--prevention, screening, treatment--is crucial to proper growth and development. Many children receive health care from individual private providers; others utilize publicly funded programs which serve to increase access to health care. Provision of these services is through a variety of neighborhood clinics--some general and some specialty--hospitals, and schools, but different programs are available in different neighborhoods, and each has its own eligibility criteria and fee requirements. In spite of the wide range of available services and the advances that have been made, many children have health care needs that go unmet.

Indicators of need for health care show a mixed picture--immunization rates are up, childhood communicable diseases are no longer the problem that they were. But, although the infant mortality rate in New York City has declined over the years, rates still are high in some neighborhoods. New York City's infant mortality rate is substantially higher than the national average, as is the proportion of low birth weight infants.

This report describes the major systems of ambulatory health care services either under public auspice, or utilizing public funds, which have as their goal the health promotion and care of the children of New York City. Voluntary associations or organizations which may conduct health screenings for specific conditions or provide other health care services are not included in this report.

INDICATORS OF NEED [1]

The children and youth population--those under 20 years of age--made up 28 percent of New York City's residents in 1980, down from a 31 percent share in 1970. In 1980, they numbered just under two million (1,987,796) as compared with nearly 2.5 million (2,474,072) in 1970, a decline of about 20 percent, as illustrated below.[2]

Age group	1980	1970	Percent change 1970-80
Total, all ages..............	7,071,639	7,894,862	-10.4
Total, under 1 to 19 years.	1,987,796	2,474,072	-19.7
Under 5 years............	470,694	615,831	-23.6
5 to 9 years............	447,327	631,748	-29.2
10 to 14 years...........	506,283	624,166	-18.9
15 to 19 years...........	563,492	602,327	- 6.5

Among the indicators of child health status are life expectancy, infant mortality, low birth weight, incidence of disease, and immunization status. Selected data are presented below.

The average life expectancy for a child born in New York City in 1980 is 65.4 years for non-white males, 69.1 years for white males, 74.2 years for non-white females and 77.1 years for white females; the rate has increased over the past decades. Compared with the U.S. average (1979), life expectancy of persons born in New York City is slightly shorter, with the exception of non-white females for whom the U.S. and New York City rates are the same.

The average infant mortality rate (deaths of infants under one year of age per 1,000 live births) for New York City in 1981 was 15.5, substantially higher than the U.S. average of 11.7, but down from an average of 19.9 in 1971-75. Infant mortality rates in some areas of the City, although declining, still are high, going over 20 in several low-income neighborhoods in 1981.

Low birth weight (under 2501 grams), an indicator of poor health status, occurred in 8.9 percent of total live births in New York City in 1981 compared with the national average of only 6.8 percent (1980). Although the number of low birth weight babies has declined along with the number of births, New York City's rate has remained fairly constant over the past decade.

Morbidity data, or the incidence of disease, is another indicator. More than 1,500 children in 1981 and over 1,200 in 1982 were reported to be lead poisoned, based on screening of about 100,000 school age children, but the City Department of Health estimates that there were about 10,000 lead poisoned children who were not identified as such in 1982, an estimate based on the preschool population living in census tracts with deteriorated older housing and on the proportion of screenings conducted.

---

[1] Sources, see p. 15.

[2] For additional data, see Community Council of Greater New York's, "Children and Youth Account for Three-Fifths of New York City's Total Population Loss Between 1970 and 1980: Trend Follows Other Large Cities," Census Bulletin 80-3, June 1982.

According to a 1981-82 New York City Department of Health Immunization Program survey, about 97 percent of the more than 71,000 new entrants (defined as the lowest grade level in an elementary school, and kindergarten level of day care) in 1,229 public and non-public schools met all of the immunization requirements for diptheria, tetanus, polio, measles, rubella and mumps.

According to the Health Interview Survey, a national survey of a sample of households, children under 17 in New York City averaged 10.2 days per child per year of restricted activity resulting from illness or injury during 1976-77. Included in this are an average of 5.6 days per child per year of bed disability. New York City's average is somewhat lower than the U.S. average of 11.0 days of restricted activity but higher than the U.S. average of 5.1 days of bed disability.[3]

EXISTING SERVICES

Existing child health services as defined here include programs that offer comprehensive health care, prevention and screening for specific conditions, nutrition, and school-based programs. This section of the report is divided into six parts:

- Comprehensive care
- Preventive care
- Other ambulatory care
- Nutrition
- School programs
- Handicapped children

---

[3] However, New York City data may be underestimated because of the underparticipation of blacks and other minority groups in the survey sample.

COMPREHENSIVE PRIMARY CARE

	Children and Youth Projects	Community Health Centers	Neighborhood Family Care Centers (NFCC) and Harlem Primary Care Network
Auspice	Hospital or freestanding center	Freestanding health centers. Some are independent, some part of Health and Hospitals Corp.	New York City Health and Hospitals Corporation.
Number	7 (2 each in Brooklyn, Manhattan, Bronx, 1 in Queens)	22 (Bronx - 8, Manhattan - 7, Brooklyn - 7)	4 NFCCs (Bronx - 2, 1-Manhattan, 1 - Brooklyn), 1 NFCC (Brooklyn) to open Summer 1983. 4 Satellite clinics (Manhattan)
Ages served	Through age 18	All ages	All ages
Volume of service	55,900 (1981)	102,000 under age 20 (1982)	NA
Basis of funding[a]	Maternal and Child Health Block Grant	Section 330 of the Public Health Service Act	City tax levy

a/ The legislative basis for the program; other funding sources (e.g., Medicaid) may provide more dollars.

Children and Youth (C&Y) Projects provide comprehensive primary care using a team approach, with intensive case management and follow-up. Preventive/diagnostic care is offered free to individuals without Medicaid coverage; only treatment visits require payment. On the average, 35 percent of the patients are Medicaid eligible, while 60-65 percent are medically indigent individuals (above Medicaid eligibility levels) who pay fees according to a sliding scale. In 1981, 422 staff (full-time equivalents) served approximately 55,900 patients (283,057 encounters), down 12 percent from 1980.

Funded originally in the mid-1960s directly by the federal government under Title V of the Social Security Act (the only legislatively targeted funds for comprehensive health care to children), monies now go to the State Health Department as part of the Maternal and Child Health (MCH) Block Grant. Except for one year, the amount of funding had been frozen since the early 1970s, but since 1979 there also have been funding cuts over inflation. In Federal Fiscal Year (FFY) 1983 (ending September 30, 1983), MCH Block Grant funds to C&Y Projects totaled nearly $4.2 million, 18 percent less than in FFY 1982, and 32 percent less than in calendar year 1980. Projects also utilize Medicaid and other third party reimbursement, and other funds. Some projects also receive other federal funds and/or utilize National Health Service Corps personnel.

Community Health Centers provide pediatric care as part of their health services to individuals and families living in medically underserved areas. Patients pay for services according to a sliding scale or are covered by Medicaid or private insurance.

In 1982, nearly 102,000 children and youth under age 20 were seen in Community Health Centers, up nearly 10 percent from the year before, and accounting for about 47 percent of all patients. Funding to all Community Health Centers in New York City totaled about $53 million in 1982, with about 45 percent from Section 330 of the Public Health Service Act and other federal grants, 38 percent from Medicaid, and the remainder from fees, other third party payments, and state and local funds.

Neighborhood Family Care Centers (NFCCs) and the Harlem Primary Care Network of the New York City Health and Hospitals Corporation (HHC) provide case-managed primary and preventive ambulatory care, including pediatric care. Patients either pay according to income, are Medicaid eligible or have other insurance; however, it is HHC policy not to turn patients away who cannot afford to pay.

Service and financial data are not available separately for all NFCCs, but it is estimated that about 15 percent of all visits to these facilities are for pediatric primary care. Sources of funds include city tax levy, Medicaid and other third party reimbursement, fees and other grants.

PREVENTIVE CARE

	Child Health Stations (CHS) & Pediatric Treatment Clinics (PTCs)	Child Health Assurance Program	Immunization Program	Lead Poison Control Program
Auspice	NYC Department of Health, Bureau of Child Health	NYC Human Resources Administration, Medical Assistance Program	NYC Department of Health	NYC Department of Health, Bureau of Child Health
Number	CHS-35, PTCs-21	97 participating health care providers (including CHS & PTCs)	13 clinics at District Health Centers	Screening by 56 CHS & PTCs and other health care providers. Analysis by Department of Health Laboratory
Ages served	CHS-under age 6 PTCs-same as CHS plus sick children under 12	Up to age 21	2 months through age 18	Under age 6
Volume of service	111,000 registered (12/31/82), 234,000 "well" visits, 39,094 "sick care" visits (CFY 1982)	14,000-15,000 referrals made by HRA (CFY 1983), 85,000 exams performed by providers (CFY 1982)	140,000 (1980-81 school year)	[illegible] screened (1982)
Basis of funding[a]	City and State	Medicaid	U.S. Centers for Disease Control, Preventive Disease Grants	U.S. Centers for Disease Control, Lead-Based Paint Poisoning Prevention

---

[a] The legislative basis for the program; other funding sources (e.g., Medicaid) may provide more dollars.

Child Health Stations and Pediatric Treatment Clinics (PTCs) operated by the New New York City Department of Health offer pediatric preventive care free of charge, without regard to family income. The preventive care program consists of a schedule of visits over a child's first six years, and includes history, physical examinations, and various screenings. Child Health Stations vary as to hours of service. Pediatric Treatment Clinics are open from 9:00 am to 5:00 pm weekdays. PTCs have a small laboratory and pharmacy on the premises. As of the end of 1982, of the nearly 111,000 children registered about 16 percent were infants, 38 percent were preschoolers under age three, and 46 percent were preschoolers three to six years of age. The total number of "well visits" during City Fiscal Year (CFY) 1982 (ending June 30, 1982) was about 236,000, a decrease of four percent from the year before. Total "sick care" visits increased by 7.4 percent, from about 36,394 to 39,094 visits. Expenditures for these services totaled about $19.4 million (including administration, fringes, etc.) in CFY 1982, from city and state funds and Medicaid.

The Child Health Assurance Program (CHAP) is an initial and periodic screening, diagnosis, and treatment program for children who are Medicaid eligible. In New York City it is administered by the Human Resources Administration's Medical Assistance Program (MAP), which refers individuals for CHAP services provided by 97 participating providers (including all City Department of Health Child Health Stations), and provides health education through distribution of printed materials on the kinds of examinations children should have and the intervals at which they should be conducted. The program is for children who are not receiving comprehensive health services elsewhere. Newly eligible Medicaid enrollees receive a letter one and three months after eligibility is established informing them of the program and a list of providers. If interested, the enrollee chooses a provider and MAP forwards the information to that provider who arranges an appointment. Outreach also is done at Income Maintenance Centers and at MAP offices.

About 14,000 - 15,000 referrals are projected to be made by MAP during CFY 1983. The number of CHAP examinations performed in CFY 1982 totaled about 85,000[3]. Only about 10 percent of eligible children now participate in CHAP in New York City. Program cost is estimated at about $3 million per year (not including CHAP services given children in foster care or enrolled in HIP). CHAP is a federally mandated service of Medicaid, and is funded by the federal government (50 percent), the State and City (25 percent each).

The Immunization Program of the New York City Department of Health is charged with immunizing children for a series of communicable or preventable diseases[4]. This is accomplished (1) through the provision of immunizations free to individuals, and (2) through the investigation of acute illness for preventable diseases[5]. About 15

3/ This number includes CHAP examinations given directly by authorized providers as well as those referred through MAP.

4/ Measles, mumps, rubella, polio, diptheria, pertussus are both communicable and preventable. Tetanus is preventable only.

5/ The Division of Immunization does active surveillance (about 45,000-50,000 calls per year) of physicians, clinics, hospitals, day care centers to stimulate the reporting of vaccine preventable diseases. The Division also does case investigation of all rash illnesses that appear to be measles or rubella.

clinics citywide are open at different times during the week; hours of service depend on the time of year, with a greater number of hours prior to the opening of school.

During the 1980-81 school year, 160,000 children were immunized in walk-in clinics. The Immunization Program also monitors immunizations of school children and surveys the immunization status of elementary school new entrants--students in the lowest grade of entry. Funding for the Immunization Program is primarily federal, from Preventable Disease Grants through the U.S. Centers for Disease Control. Total funding in 1983 amounts to nearly $2.2 million, up about three percent from 1982. However, the amount of federal funds decreased about seven percent, from about $1.7 million to under $1.6 million. In 1983, federal funds accounted for about 72 percent of the total, compared with an 81 percent share the year before. City tax levy makes up the rest, and these funds increased 47 percent, from about $412,000 to $606,000 from 1982 to 1983. A small amount of assistance, in the form of vaccines, is provided by the State Health Department.

The Lead Poison Control Program of the New York City Department of Health coordinates screening for the toxic effects of lead in children. Lead poisoned children are referred for treatment; sanitarians and public health nurses make home visits to counsel parents and inspect for peeling paint and other environmental conditions.

More than 1,200 children were reported to be lead poisoned in 1982, over 1,500 in 1981, based on screening approximately 100,000 children each year. Funding prior to 1982 had been in direct grants from the U.S. Centers for Disease Control (Childhood Lead-Based Paint Poisoning Prevention). As of July 1, 1982, these funds became part of the Maternal and Child Health Block Grant administered by the New York State Department of Health. In CFY 1982, total funding for this program was about $1.9 million, about half federal and half city tax levy.

OTHER AMBULATORY CARE

	Municipal hospitals	Voluntary hospitals	Specialty Consultation Clinics
Auspice	NYC Health and Hospitals Corporation	Voluntary	NYC Department of Health, Bureau for Handicapped Children, and hospitals
Number	16	35+	Cardiac-7 (hospital-based, District Health Center) Orthopedic-2 (hospital-based), Eye-10 (District Health Center)
Ages served	All ages	All ages	Up to age 21
Volume of Service	516,000 visits to pediatric clinics in 13 hospitals, 6 NFCCs, satellite clinics (CFY 1982)	509,000 pediatric clinic visits to 35 hospitals	Orthopedic - 1,200 patients, Eye-16,334 patients (CFY 1982)
Basis of funding[a]	City tax levy	NA	City and State

[a] The legislative basis for the program; other funding sources (e.g., Medicaid) may provide more dollars.

The New York City Health and Hospitals Corporation operates outpatient pediatric clinics in 14 hospitals (two--Cumberland and Greenpoint--will close in Summer 1983, replaced by the recently opened Woodhull Hospital). Patients pay for health care according to a sliding fee scale, or have Medicaid or insurance coverage; however, it is HHC policy that no patients are turned away for lack of ability to pay. During the City's 1982 fiscal year, nearly 516,000 visits were made to pediatric clinics in 13 hospitals, satellite clinics, and four Neighborhood Family Care Centers (see p.5). These accounted for nearly 13 percent of the more than 4 million total outpatient visits by patients of all ages made that year.

Voluntary hospitals also operate outpatient department pediatric clinics. In 1981 there were close to 509,000 pediatric clinic visits reported by 35 hospitals with such clinics in New York City.

Specialty Consultation Clinics for the diagnosis and evaluation of cardiac, orthopedic, and visual defects are maintained by the New York City Department of Health's Bureau for Handicapped Children in District Health Centers, and the Department has consultant arrangements with hospitals. Children up to age 21 may be referred by a physician or the school health service for free consultation; except for eyeglass prescriptions at the eye clinics, no treatment is provided.

In CFY 1982, 2,200 children were seen in the two orthopedic clinics and 14,354 in the ten eye clinics. Funding is equally divided between the State and City.

NUTRITION

The Special Supplemental Food Program For Pregnant Women, Infants and Children (WIC) is a federally funded program which provides supplemental foods and nutrition education to low income pregnant, postpartum, and breast feeding women, and to infants and children up to age five, determined to be at nutritional risk. The program is free. There are 39 WIC local agencies (hospitals or health clinics) operating in New York City, which distribute WIC checks from about 80 sites. WIC checks are redeemable for specified foods at approximately 800 authorized food vendors in New York City.

The local agencies have caseloads which range in size from 650 to 25,000. In March 1983, about 123,000 mothers and children were enrolled in the WIC program. Because of limits on funding, WIC reaches only a portion of the eligible population, estimated at about 300,500 mothers and children in New York City. WIC is administered by the New York State Department of Health, which receives funds from the U.S. Department of Agriculture. In FFY 1982, New York City received approximately $47 million, including funds for administration. Approximately $56 million have been received for FFY 1983.

SCHOOL PROGRAMS[6]

Attention to public health services in all public schools, all catholic parochial schools and many non-public schools (about 1,400 schools, total) is the responsibility of the New York City Department of Health. The City Board of Education also provides some services in the public schools and there are State Health Department demonstration programs in which local health care providers offer services on-site in selected public and parochial schools.

---

[6] Evaluation and placement services and special school units for handicapped children are not discussed in this report.

	School Children's Health Program	School Dental Program	Hearing and Vision Screening	School Health Demonstration Project	Model School Health Services Program
Auspice	NYC Department of Health	NYC Department of Health	NYC Board of Education	Local health providers	NYC Board of Education
Setting	Public and private schools	84 school-based clinics, 18 District Health Center Clinics	Public schools	7 programs reaching 44 public and parochial schools	3 community school districts
Basis of funding[a]	City and State	City tax levy	NA	NYS Department of Health	NA

[a] The legislative basis for the program; other funding sources (e.g., Medicaid) may provide more dollars.

The School Children's Health Program of the New York City Department of Health has the goals of detection and follow-up of health problems of school children. Services include new admission examinations;[7] case follow-up and referral; nurse-teacher conferences in the second and fourth grades, and special education classes to identify children with suspected health problems; nurse-faculty conferences to educate teachers on the role of the school health program and on referral procedures. Priority is given to serving elementary and junior high schools. There are about 300 staff, including physicians, nurses, and public health assistants (clerical). Increased funding will allow the addition of 16 public health nurses and 13 assistants in September 1983. Personnel are assigned to school districts. There is approximately one nurse per 6,000-7,000 students.

From September 1982 through April 1983, about 46,600 new admission examinations were conducted in elementary and junior high schools. Approximately 65,700 new admission examinations were conducted by other providers. Case follow-ups totaled 207,257, slightly higher than in 1981-82. Nurse-teacher conferences numbered 5,416, up 39 percent. There were 529 nurse-faculty conferences from September 1982-March 1983, a new activity for the Program.

In the high schools, there were a total of 15,516 examinations, up nearly 13 percent. These included new admission, working papers, and athletic team examinations.

In CFY 1982, expenditures for the School Children's Health Program totaled about $11.7 million, from city and state funds.

The School Dental Program of the Bureau of Dentistry of the New York City Department of Health has as one of its goals the promotion of dental health of the children in the City. This is done through (1) visits by dental hygienists to kindergarten through ninth grade classrooms for referral and follow-up of children in need of dental care (based on forms completed by parents), and (2) provision of dental care in 18 District Health Center dental clinics and 84 school-based dental clinics.

---

[7] By state and city health code, every child admitted to a New York City school is required to have a physical examination prior to or immediately after admission. A goal of the Program is to have children under the care of outside providers so that the medical care is comprehensive and has continuity; therefore, the program encourages children to have new admission examinations by outside providers.

Services are provided by 44 dental hygienists, 18 full-time and 60 part-time dentists, and 21 dental assistants. It is projected that about 54,400 school children[8/] will be treated by this staff in CFY 1983, up 15 percent from the prior year, an expansion made possible by a staffing increase. About 16 percent of all school children for whom dental care was reported to have been provided between June 1981-May 1982 were treated by Health Department staff; the remainder (84 percent) used other dentists. However, dental care was reported for less than a third of the elementary and junior high school children; no dental care was reported for about 495,000 children. Total expenditures in CFY 1982 were about $4 million with city tax levy supplying more than half, state funds and Medicaid revenue the remainder.

Hearing and Vision Screening[9/] is conducted by Board of Education personnel in the public schools. New York State law requires that hearing and vision screening of school children be done annually. In the 1981-82 academic year, nearly 385,000 children in elementary, junior high, and high school were administered the initial "sweep" test; about 24,000 failed. Children who fail this test may be given a "threshold" test by audiologists of the City Health Department's Bureau for Handicapped Children. Because only about 1,900 of the children who failed, made and kept their appointments, during the 1983-84 school year the Department of Health will be providing "threshold" tests in schools rather than by referral to their clinics. Children who fail vision screening tests may be referred to eye clinics in District Health Centers (see p. 8).

The School Health Demonstration Project is a three year demonstration, legislated in New York State in 1981, to link health providers (hospitals and neighborhood health centers) with schools in selected high risk communities. There are seven programs in New York City (two each in the Bronx, Brooklyn, Manhattan; one in Queens) reaching 44 schools--public and parochial, elementary and junior high. Begun in April 1982, each program is staffed and operated somewhat differently. Nurse practitioners/physician's assistants are authorized to diagnose and treat and issue prescriptions for medications, and along with health aides form the core health team. Other personnel include physicians, social workers, health educators, nutritionists, and dental hygienists. Students may choose to enroll in one of three levels: Level 1 is first aid treatment, Level 2 is Level 1 plus a physical examination, Level 3 is a comprehensive health service. One program has "Health Angels" in a school--fifth graders who tutor other school children in dental hygiene.

As of November 30, 1982, 14,780 students had been enrolled, 54 percent of the student population at participating schools. Sixty percent of the participants were enrolled in Level 3, 24 percent in Level 2, and 15 percent in Level 1. The Project is administered by the New York State Department of Health, Bureau of Maternal and Child Health. State funding to New York City amounted to $1.8 million in 1982, an average of $200,000 per program. These are supplemented by Medicaid and other third party revenues, in-kind contributions from the health providers, and private philanthropy.

8/ Includes some preschoolers and high school students.

9/ Source: New York City Department of Health memorandum.

The Model School Health Services Program[10] of the New York City Board of Education is made up of pilot projects in three Community School Districts. Begun in December 1981, the goal of these projects is to ensure that medical examinations, vision and hearing screenings and immunizations are provided to new students and to all students in grades three, seven, and ten. Each project has a full-time school health aide who conducts screenings, provides first aid treatment, maintains records, and escorts children to the hospital. This is supplemented in one district by pediatric nurse associates, under the supervision of a part-time pediatrician; by public health nurses and Department of Health physicians in another district; and by a collaborative arrangement with two hospitals in the third district.

From December 1981-June 1982, about 36,000 children in the pilot projects had their height and weight recorded, and about 37,000 had their vision tested.

HANDICAPPED CHILDREN[11]

The Medical Rehabilitation Program (MRP) administered by the New York City Department of Health's Bureau for Handicapped Children is an insurance program for children up to age 21 who have any of 15 handicapping conditions[12]. The program has two components: initial diagnostic evaluation of up to three visits, and treatment, both in hospital-based programs approved for one or more conditions. The following are paid for: inpatient, outpatient, and home care; therapy; appliances/equipment/devices; transportation; medications on a limited basis.

There is an income eligibility test for treatment--families of four with income above $18,000 pay according to a sliding fee scale. About 2,500 children are served each year. Title V of the Social Security Act, Crippled Children's Services provides the mandate for the MRP. The initial diagnostic component is 100 percent federally funded. Treatment is half state and half city funded. Total expenditures (including administration) for CFY 1982 were about $3.7 million.

ISSUES AND PROBLEMS

Viewed as a public utility, the provision of child health services is important to the growth and development of the City's generations of children and to the City as a whole. How these services are organized affects how effectively they are delivered.

The organization and delivery of child health services in New York City is complex and fragmented. There are three major public agencies involved in child health services. The City Department of Health, the Health and Hospitals Corporation, and the Board of Education each provide sometimes different, sometimes overlapping services. The Department of Health is the City's public health agency involved in prevention, health promotion, establishment and monitoring of standards. Health and Hospitals Corporation is the City's health care treatment system. While the Board of Education is an education agency, it is involved in health care of children in the public schools. In addition to these three public agencies, there are voluntary hospitals, and non-profit organizations designed to provide health care services to medically underserved neighborhoods. Some of the latter's services are in response to federal and state initiatives.

---

[10] Source: "Interim Assessment of the Model School Health Services Program, December 1981 - June 1982," Office of Educational Evaluation Report, July 1982, New York City Public Schools.

[11] See footnote 6.

[12] Children with polio are eligible through adulthood.

Whatever is determined to be the respective roles of the various health care providers, the result should be the provision of quality health care to children. Along with a clear definition of roles must come coordination and joint planning. Although there may be good coordination and communication among service providers in some communities, and there are some consortia of agencies working together, the current organization of services makes this difficult. Coordination and joint planning should be a priority, and attention should be focused on particular communities where the need is seen to be the greatest.

Schools should be used as major point of access to children. Coordination and planning is particularly important in school health services where several bureaus of the City Health Department, the Board of Education (for public schools), and others are providing school health services--in various degrees to different schools or districts. Private and parochial schools must also be a part of this coordination effort. As has been evident in the campaign to immunize all school children, health care goals can be attained if priority is placed on them. A similar commitment could be undertaken for hearing and vision screening, physical examinations, and linkage with primary providers.

Initial findings of the evaluation of the State-funded school health demonstration programs show that emergency room and hospital outpatient clinic visits appear to have been reduced as families utilize the school site as their point of entry to health care. Should this finding be confirmed and the program's preventive health care goals be met, efforts should be made to replicate these programs (tailored to local needs) in other schools.

Access to health care is a major issue. Although a wide range of health services exist, in some low income neighborhoods, 30 percent or more of the live births occurred to women with late or no prenatal care, a proportion that is increasing in some communities, The WIC program has enough funds to serve only about 41 percent of the eligible mothers and children; only 10 percent of the eligible children participate in CHAP; there are gaps in the provision of school health services. These are all illustrations of the limited access to primary and preventive health care services for some New Yorkers.

Comprehensive and preventive services decrease the need for or use of more costly care. In 1980, Children and Youth Project enrollees had a 30 percent lower hospitalization rate, and one-fourth the pharmacy costs compared with Medicaid-eligible children in the City as a whole. Cost savings based on reduced hospitalizations and pharmacy costs were estimated at more than $5 million in 1980, 85 percent of that year's Title V funds. Programs shown to be effective, both in meeting health care goals and cost, should be expanded, not, as in the case of C & Y Projects, reduced.

Medicaid is a significant source of funding for child health services. Children and youth under age 21 accounted for about 48 percent of the New York City enrollees seeing health care providers from October 1, 1979 - September 30, 1980. They numbered 628,774, about 32 percent of all children and youth in New York City. In contrast, Medicaid enrollees age 21 and over seeing providers during this period accounted for only about 14 percent of the City's 1980 population over 21[13]. Recent limitations on eligibility for AFDC, which has automatic Medicaid eligibility, seriously affect access [illegible] health care by children and youth. The American Academy of Pediatrics has issued a Medicaid Policy Statement which recommends minimum provisions for child beneficiaries, including financial need as the only eligibility requirement (eliminating categorical requirements), mandated outreach, and continued open ended entitlement-type funding.

CURRENT AND FUTURE DIRECTIONS

Federal funding for child health services has been reduced in the past few years. The Maternal and Child Health Block Grant, created by Congress in 1981 and assumed by New York State in July 1982, has less than the total funds available under the separate programs that were consolidated. Children and Youth Projects, funded under this block grant, received a 15 percent cut in 1982, and one New York City program was closed at the end of that year. Federal funds to Community Health Centers also have decreased. Some new federal funds are expected, however, from allocations included in the Emergency Jobs Appropriations, 1983 (P.L.98.8). An additional $7-8 million are expected to be allocated to New York State in 1983 for maternal and child health. The City's allocation has not been determined nor has the specific use of funds. New York City will also receive an additional allocation for WIC services of $5.37 million.

About $300,000 (over three years) in federal funds to the State Health Department will be used for a Preventive Health Education Program to provide technical assistance in curriculum development to the State School Health Demonstration Programs. The program will be based in New York City and will begin in September 1983.

The State Department of Social Services (SDSS) is working toward improving utilization of the Child Health Assurance Program by elimination of the special claim form, and development of the capacity to determine, from the billing process, those children who have not received CHAP examinations within a specified period of time. SDSS will notify the parents of these children directly, and the local social services district for follow-up. Priority will be given to tracking high risk children--under six year olds, and pregnant teenagers.

The City Department of Health has long been a provider of preventive health care but has experienced major cutbacks in services from 1974 to the present. In 1974, 22 out of a total of 78 Child Health Stations and Pediatric Treatment Clinics were closed, a 28 percent reduction. The School Dental Program had large reductions from 1974 to 1983--72 percent fewer dental hygienists and part-time dentists in nearly half as many school-based clinics and a third as many District Health Center dental clinics.

---

[13] New York State Department of Social Services, Division of Medical Assistance, Utilization of Health Services by New York City Recipients 1979-80, September 8, 1981, and 1980 Census.

The Department has recently reorganized the School Children's Health Program, however, and is beginning to place renewed priority on this program. Additional nurses have been approved in the City's FY 1984 budget. The Department also has reversed its plan to close some child health stations.

New York City Health and Hospitals Corporation has established a Division of Ambulatory Care Services and has a stated commitment to improving ambulatory care in their system. The Corporation has been moving in the direction of increased primary provider ambulatory care. Children should benefit from this emphasis.

Health needs assessments are being implemented and planned. New York City Health and Hospitals Corporation is conducting one relating to their outpatient care program, and the City Department of Health is proposing to do a health survey in the Fall of 1983 in a sample of schools to obtain data on morbidity and access to care.

Several consortia are working to improve service delivery, advocate and act as a constituency for child and other health care services. The Bronx Committee for the Community's Health, Inc. is an organization of 11 health centers, supported by the Primary Care Development Unit (sponsored by Community Service Society), which is a demonstration project to develop shared services and joint programs. The PCDU developed one of the School Health Demonstration Programs, funded by the State. In addition, the Committee will be working with the Committee of Bronx School Superintendents to design programs throughout the Bronx.

In Manhattan, seven community health centers have organized the Manhattan Trust which will be working on shared services and other service delivery improvements.

Other organizations are advocating on a citywide or statewide basis. Citizen's Committee for Children of New York, Inc. (Health Section) is actively involved in monitoring and making recommendations on child health services, including school health and CHAP, and in analyzing the state and city budgets as they pertain to child health services.

The Public Interest Health Consortium of New York City, a project of the Religious Committee on the New York City Health Crisis, and made up of community, civic, health, labor and religious groups, is active in analyzing the City's health services, funding, and needs, and in making recommendations to city government.

The New York Academy of Medicine Committee on Public Health has formed a Working Group on Block Grants whose purpose is to analyze and develop recommendations on the allocation of funds in health block grants in New York State.

The changing demographics of New York City--an increase in single parent families and a growing proportion of working mothers--point to an increasingly high risk child population. These changes also have implications for the direction of child health services in New York City.

RELATED COUNCIL PUBLICATIONS

Services to Teen Mothers in New York City: Needs, Resources, Issues, and Trends. June 1982.

"Children and Youth Account for Three-Fifths of New York City's Total Population Loss Between 1970 and 1980: Trend Follows Other Large Cities." Census Bulletin 80-3, June 1982.

Sources for Indicators of Need:

U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population, General Population Characteristics, PC80-1-B34, Table 25 and 1970 Census of Population, General Population Characteristics, PC(1)-B34, Table 24; U.S. Department of Health and Human Services, National Center for Health Statistics, Monthly Vital Statistics Report; New York City Department of Health, Summary of Vital Statistics 1971, 1981, Service and Vital Statistics 1975, 1980, Immunization Program unpublished data, Lead Poison Control Program "Challenge of Lead Poisoning, New York City, 1983." Data from Health Interview Survey, National Center for Health Statistics, U.S. Department of Health and Human Services, in Foundation for Child Development, State of The Child: New York City II, June 1980.

Trends and Forecasts is prepared by Donna M. Tapper, Social Welfare Analyst, Research and Program Planning Information Department. For information, call 777-5000, ext. 126, or write Community Council of Greater New York, 225 Park Avenue South, New York, New York, 10003.

AUG 5 1983

State of New Jersey
GOVERNOR'S COMMITTEE ON CHILDREN'S SERVICES PLANNING
108 WEST STATE STREET
CN-700
TRENTON, NEW JERSEY 08625
609-292-1243

THOMAS H. KEAN
Governor

DR. ANNA S. MAYER
Chairperson

July 28, 1983

Ann Rosewater
Deputy Staff Director
Select Committee on Children, Youth & Families
United States House of Representatives
Room H2-385, House Office Building Annex 2
Washington, D.C. 20515

Dear Ms. Rosewater:

I am writing at the request of the Governor's Committee on Children's Services Planning to thank you for your efforts in seeing that New Jersey was represented at the July 25, 1983 New York City hearing on Children, Youth & Families in the Northeast. I understand from Sally Orr of the Association of Junior Leagues that it was through you that arrangements were made for Barbara Kelley, a member of the Governor's Committee, to testify.

The Governor's Committee was recently established by Executive Order to propose recommendations for follow-up on the report of the New Jersey Commission on Children's Services, Linking Policy with Need, which Mrs. Kelley highlighted in her testimony on July 25. The members of the Governor's Committee, which includes 23 citizens and professionals from across the state, were delighted that testimony was offered on behalf of New Jersey's children. The Committee is most interested in contributing to the future work of the House Select Committee on Children, Youth & Families.

The Governor's Committee has asked that I submit the report of the Commission on Children's Services to the Select Committee so that it may be read into the record for the July 25 hearing. Enclosed for that purpose is a copy of the report along with summaries of the report for you and the Select Committee.

We would be most happy to provide any additional information that might be helpful to the Select Committee in its work. Please do not hesitate to call upon us if we may assist you in any way.

Thank you again for seeing that New Jersey's children were represented at the hearing.

Sincerely,

R. Alexandra Lars

R. Alexandra Larson
Director

RAL/an
Encl.

cc: Dr. Anna B. Mayer, Chairperson

A CALL TO ACTION

LINKING POLICY WITH NEED

THE GREAT SEAL OF THE STATE OF NEW JERSEY

OUR LINK WITH TOMORROW MUST BE OUR CONCERN TODAY

NEW JERSEY COMMISSION ON CHILDREN'S SERVICES

THE COMMISSION ON CHILDREN'S SERVICES

LINKING POLICY WITH NEED

SUMMARY

The Commission on Children's Services, composed of 21 members appointed by the Governor, was established by the Legislature in 1979 to review services for New Jersey's children and to identify methods of improving service delivery. In addition to conducting fact-finding activities, the Commission has worked to meet these legislative mandates: promote the development of community-based services for children that strengthen families, foster cooperation among the agencies that provide services, and promote community involvement in planning services for children.

Mandated to prepare a report for the Governor and the Legislature about the children's services system, the Commission completed a first-of-its-kind inventory of state-administered services for children and conducted a review of the services delivery system. This chapter represents an overview of the findings the Commission has drawn from its extensive fact-finding activities, which included gathering nearly 2,000 pages of testimony through 15 hearings and completing a survey of all state departments.

In the course of its review, the Commission learned that during the past decade the social services system for children has undergone great expansion, sweeping changes have occurred in the educational system, and health services have been improved for impoverished children. However, the Commission identified serious inefficiencies and inequities in the provision of services, and found many critical unmet needs. Despite the efforts of many concerned officials and community members, New Jersey still does not have an efficient system capable of meeting pressing human needs.

Today, 2,220,000 children and their 1,100,000 families call New Jersey home. For families in New Jersey and across the nation, these are unique times with profound societal changes and economic pressures that create severe stresses.

The social and economic forces detailed in this report, such as dramatic changes in family patterns and deepening poverty, have generated a need for a wide range of supports for families. But vital supports such as child care services and crisis intervention services are not available for many families. Further, adequate income supports are not provided for families who are unable to earn a living wage. And, existing resources are deployed in a largely unplanned and uncoordinated fashion that fosters fragmentation of services. Resources are not unified by policies that promote a family-centered approach and build on community strengths.

Many parents are finding that they cannot meet their children's basic physical and health care needs, let alone pay for child care and cope with their children's educational and behavioral problems. Hundreds of thousands of children are growing up without the basic developmental supports that children require to become productive members of the community.

Although drug and alcohol abuse are on the rise among young people, there are few services to address these problems. And, increasing numbers of youth are finding that there is no place for them in either the community or the job market.

Within this context, the impact of societal and economic changes has been particularly acute for black and hispanic families. And the impact has been compounded by lingering racism and a troubling failure of the existing service system to meet the needs of these families and children. As the Commission found, black and hispanic children in New Jersey are far more likely than white children to grow up in poverty, suffer health problems, attend schools that do not meet their educational needs, and find the job market closed to them.

Further, data gathered by the Commission point to clear inequalities in the provision of public educational and human services to New Jersey's black and hispanic children. For example:

> Grossly disproportionate numbers of minority children are suspended from public schools.
>
> Black children are far more likely than white children to receive the most stigmatizing special-education classifications.
>
> Minority children constitute a major proportion of the children who are placed out of their homes into the care of public agencies, and they are far more likely than white children to be placed in the most restrictive institutional settings.
>
> White children represent 63 percent of all youth arrests for serious crimes, yet black and hispanic children make up the overwhelming majority of the populations in secure detention centers and in the state's correctional facilities.

Our failure to meet the needs of the children growing up in New Jersey today will bear heavy consequences. As Kenneth Keniston says in All Our Children,

> Children who lose a sense of decent future are likely to become dispirited, angry, withdrawn, enraged. Above all, if they are excluded from the mainstream of society, they are rarely able to contribute to the well-being of society as adults. Indeed, it is from the ranks of such condemned children that a large share of tomorrow's public wards will be recruited; the criminals, the

> *derelicts, the embittered, the vandals, the muggers*. For those Americans who enjoy the privilege of relative affluence, failure to support a comprehensive child and family policy is like deferring a heavy tax to their children. For failure to change today will lay on the next generation the heavy social costs with a high moral, social, and financial price tag. *On the one hand, they are the costs of trying to deal in the next generation with all the problems of crime, deep dissatisfaction, delinquency, and withdrawl that could have been prevented* [1]. (Emphasis ours)

In the wake of massive cuts in federal funds for human and educational services, New Jersey faces a monumental task. The shrinkage of resources demands that the state use its existing resources more efficiently. At the same time, in contrast to current practice, priorities must be set to assure that sufficient resources are indeed available for those children who are most in need and that essential preventive services are provided for New Jersey's children.

The recommendations proposed here, the result of extensive deliberations by the Commission, constitute the Commission's view of what must be done to make the children's services system more *efficient*, *effective*, and *equitable*. While the Commission realized that all these recommendations cannot be immediately implemented, we believe they provide a direction for future work to improve services for New Jersey's children and families.

As detailed hereafter, the Commission's findings and recommendations fall within two categories: those that address the current organization of services and allocation of resources, and those that address critical unmet needs.

A. SERVICE DELIVERY SYSTEM

Findings (Chapter 4, Part B)

The current service delivery system, which includes at least 26 different state government units as well as thousands of local agencies, does not have a focus for coordination of services at either the state or the local level. Neither broad policies nor administrative arrangements organize public and private programs into a unified system that effectively allocates existing resources.

Influenced by federal funding patterns, the children's services system has been built in a piecemeal fashion around categorical programs that tend to focus on a single problem or need. This perspective discourages treating the child as a whole person, and it does not promote a family-centered approach that would build on the family and community as resources for the child.

Since the Department of Human Services (DHS) is the major provider of services (other than education) for children and families, it would seem the logical focal point for coordination of services. But the DHS organizational scheme that evolved over the years works against coordination among its own divisions and prevents DHS from serving as a statewide coordinating force.

Further, the current organizational scheme fosters fragmentation and duplication of services, both within DHS and through the entire service system statewide. And the proliferation of categorical programs has resulted in overlapping and parallel sub-systems. Often, the overlap is unplanned, and clear definitions of agencies' responsibilities for children are not set. One of the most striking examples of this phenomenon is the relationship between the county district offices of DHS' Division of Youth and Family Services (DYFS) and the 21 County Welfare Boards. In this relationship, two functionally-segregated delivery systems both focus on providing services for children and families. The parameters of their responsibilities have not been clearly defined, and disputes over which agency bears responsibility for individual clients are common.

The system does not provide a mechanism for integration of services for those clients who have multiple needs. Accountability for individual clients, who may be simultaneously involved with a number of different agencies, is diminished. Some children never receive the services they need.

Althouth emphasis has been placed on reducing the number of children placed in institutions, sufficient family-support services to maintain children in their own homes have not been developed. There is an absence of critical support services in general, and, to the extent that they are available, they are not provided at the neighborhood level, where families might have ready access to them. A continuum of care, including a mix of community-based placement alternatives, as well as in-home support services, has not been established.

Despite some progress made in curbing unnecessary placement of children in institutions, the state still relies heavily on institutional care. Nearly $100 million is spent annually by state departments to maintain children in institutions. Data gathered by the Commission about the characteristics of children in institutions suggest that many of these children, particularly those in institutions for the mentally retarded and for the delinquent, could be cared for in less costly community-based programs. There are serious questions as to whether the costs of maintaining institutional beds are draining away funds that could be used to expand community-based services for children.

Recommendations

The Commission believes that serious problems of organization exist in the current network of largely autonomous, and often unrelated, service programs. These problems affect adversely the planning and delivery of services to children and their families. We, therefore, recommend the following actions:

1. At the county level:

   A. Establishment of a county office where citizens can obtain information, referral, and access to the full range of services and income supports available in the county.

   B. This office should make an inventory of all government and private services in the county. These would include social and human services, as well as specialized services offered by the health, education, and criminal justice systems.

   C. This office should be developed within the context of the other county human services structures that would parallel the present, or any changed, structure in the state Department of Human Services. Affiliation agreements should be arranged by the county human services office with the other related systems.

   D. To reduce the problems that result from maintaining two functionally separate social services systems (as documented in Chapter IV of the Commission's report), the state should encourage and assist counties to consolidate social services provided by welfare boards and by the Department of Human Services into a single social service system. This unified system should be strongly oriented toward prevention of the breakdown of families, strengthening families, and ensuring healthful child development.

   E. This office should:

      1. Develop linkages with other social services for children and families, such as those provided by the schools, courts, job training programs, mental health agencies, and drug treatment programs.

      2. Participate in recording and collecting data as specified in the overall county human services plan and as requested by the state.

      3. Structure service delivery so that the office would be held responsible to develop a case plan that reflects the client's needs. One worker, who participates in the needs assessment, would be responsible for making appropriate referrals and for follow-up and aftercare, as needed.

II. At the state Level:

A. Once the county assumes the responsibility for direct social service delivery, the state can be more effectively directed toward planning; fiscal management; and development of measures to enhance accountability, technical assistance, staff training, standard-setting, auditing, and evaluating the quality of services. Thus, the state would be able to give stronger leadership in planning and improving policies to assure quality, accessibility, and equity.

B. The state Department of Human Services should realign the department's administrative boundaries geographically on a regional and a county level, and should be required to assess, within given time frames, which administrative functions now provided by its divisions can be consolidated.

III. A mechanism should be developed that utilizes citizens, consumers, and service providers in the planning and development of these human service offices.

B. PLANNING

Findings (Chapter IV, Part C)

Systematic planning efforts have generally not been carried out to fashion a comprehensive system for children's services. Rather, each agency, including state government units as well as local agencies, tends to plan programs and act independent of the others.

Further, oversight reviews are not consistently conducted to identify gaps and duplications in services. Existing planning mechanisms do not significantly involve consumers, and information is not readily available on the relevance of services to the communities.

The implementation of a comprehensive planning process that bases resource allocation on client needs is hampered by the fact that New Jersey does not have a statewide data collection system to use for planning purposes. Currently, there is no method to readily assess needs, profile populations, and track the use of services statewide. Further, in the absence of such a data-collection system, there is no accurate way to determine if funds are being spent on those who need the services.

The range and availability of state-funded services vary greatly from one area of the state to another, and children do not have equal access to services statewide. As an illustration, 14 counties are currently viewed as being underfunded in Title XX monies.

Recommendations

I. The state should establish a planning and needs assessment process involving all state government departments and divisions that serve children. To function properly, the system should include a centralized data collection mechanism which:

   A. Uses common definitions and categories for describing the characteristics, such as age, sex, ethnicity and race, and needs of children by those who report

   B. Regularly reflects the distribution of services to the various groups of children. This information should be reviewed annually and analyzed to identify unmet needs and gaps in services

   C. Requires the state departments that serve children, particularly the Department of Human Services, to show in their budgets the percentages of funds used for services for children. This breakout should specify percentages of funds for specific age groups as well as those groups identified as high priority populations

   D. Reflects the distribution of services as to various groups of children

II. The Governor's office should group counties into a set of regional units which will be used by all state departments for all planning of services for children.

III. A. Uniform mechanisms for comprehensive planning of services at the county level must be instituted and should determine the extent to which high priority target groups are served.

   B. The planning mechanisms must provide for the involvement of consumers, and service providers.

C. MONITORING AND EVALUATION

Findings (Chapter IV, Part D)

Although there are many different monitoring activities carried out by the departments, there is no uniform system to determine who is getting what services at what costs. Further, since evaluations are not consistently done, information is not readily available on the effectiveness of services.

In short, information is not available to tell how the state is spending its money. Citizen involvement in monitoring is almost nil.

The Commission was able to identify only one example of an on-going mechanism that involved citizens -- the Child Placement Review system, which utilizes community members to review the case plans for children placed out of their homes by DYFS. The Child Placement Review system has been effective in improving the quality of case planning for children, but is does not provide for pre-placement review and considers the placement decision only after the child has been placed out of his home. Further, the system does not provide for the reivew of case plans for children who are placed out of their homes into the care of other public agencies, such as the Division of Mental Retardation in DHS or the Department of Corrections.

Recommendations

I. The Legislature should study the feasibility of making the following revisions in the Child Placement Review Act that was signed into law April 27, 1982

   A. A requirement that Board members attend an initial training session prior to service on the Board and attend any subsequent training sessions, as deemed necessary by the Supreme Court

   B. Addition of language to allow for review of pre-placement cases

   C. A requirement that citizen review be conducted for the cases of children who are placed out of their homes in the care of the Division of Mental Retardation and the Division of Mental Health and Hospitals

   D. The timing of reviews conducted by the Division of Youth and Family Services under PL 96-272 and those reviews done by the citizen boards should be staggered.

II. If changes are made in state laws on the placement of children, the Child Placement Review Act should be amended so that its procedures apply to all placements not covered by the act at the time of any change.

D. EDUCATION

Findings (Chapter V, Part B)

The current system for financing New Jersey's 2,500 public schools has fostered grave disparities in expenditures for education between affluent and poor communities. The system operates to the detriment of children who live in poor communities. Black and hispanic children, the majority of whom live in the poorest school districts, are those most impacted by the system.

Further, current funding formulas do not assure that sufficient funds are available to cover the costs of compensatory, bi-lingual, and special education programs. The existing classification system for special education students stigmatizes children and impedes the provision of services based on student needs.

Funding for education of children placed in state institutions does not cover the actual cost of services. There are serious questions about the adequacy of services for mentally retarded children. Training and education programs provided for mentally retarded children in state institutions are of questionable quality. Further, there are few community-based programs available for these children.

Data gathered by the Department of Education suggest that there is a serious problem of under-enrollment of New Jersey's hispanic children. For example, in Newark, as many as 80 percent of the hispanic school-age children may not be enrolled in school.

Moreover, available data suggest there is a pattern of discrimination in suspension practices. Black children, although they represent only 18 percent of the statewide student population, constitute 29 percent of all students suspended.

Current policies do not require the schools to work with students who have academic or behaviorial difficulties. In the absence of strong policies mandating that the schools vigorously work to prevent student dropout, some schools are not working to retain children who present difficulties and some are actually encouraging children to leave school, fostering student dropout. Further, existing policies permit schools to rely upon suspension or expulsion as a means of dealing with troubled or difficult students for whom alternative services would be more constructive if schools had the responsibility and the resources to work more intensively with those students.

Recommendations

I. Funding

A. The state's current system for financing public education as provided for in Chapter 212 should be revised so that the grave disparities in educational resources among the school districts are eliminated, so children in all school districts have equal opportunity to a thorough and efficient education as mandated under the state's Constitution, and so there is equality of programs and services to populations with special needs (e.g. preventive, remedial, and bilingual education; talented and handicapping conditions) regardless of the child's residence.

II. Special Education Services

A. The existing system for classification of children with special education needs should be substituted by a needs assessment process that does not require the use of stigmatizing labels.

B. Regardless of what system is used to assess children's educational needs, evaluation procedures that determine special education needs should consider the cultural, ethnic, and racial characteristics of children whose capabilities are being assessed, and should be administered in the child's dominant language if it is other than English.

C. The state Department of Education must provide leadership, promulgate regulation, and develop measures to assure that local school districts comply with this requirement and utilize evaluation procedures which can accurately assess the needs of children.

III. Educational Services to Institutionalized Children

A. All children in institutions whose care is the responsibility of government must be assured of the same quality of educational services as provided for non-institutionalized children.

B. A thorough assessment should be made of the adequacy of the current funding levels for educational services for children placed in institutions, whose care is the responsibility of government.

C. Legislation should be enacted to provide adequate funding for educational services for children in county-operated detention, shelter care, and mental health facilities.

D. The formulas used to calculate categorical aid for services to children in institutions should be revised so that they reflect the true cost of mandatory educational services.

E. Funding formulas should provide for the special education needs of a child regardless of the type of institution in which a child is placed, and should assure that learning-impaired children in correctional institutions receive services appropriate to meet their needs.

IV. Under-enrollment of Hispanic Children

A. Aggressivemeasures must be developed to solve the problem of severe under-enrollment of hispanic school-age youth.

B. The full extent of the problem should be documented, and a study should be made of the underlying causes.

C. The Department of Education should develop a comprehensive outreach program that utilizes the services of hispanic community organizations to link families with the educational system.

V. Exclusion of Students

A. The state Department of Education should establish policies and procedures to eliminate undue reliance upon suspension and other disciplinary actions that result in the exclusion of students from school.

B. The Department of Education should require local school districts, through either voluntary or regulatory action, to change policies and develop special programs to encourage schools to retain students who pose discipline problems, as well as those students who are potential drop-outs, and should include incentives to reduce the current rates of suspension and expulsion.

C. Local school districts with high rates of suspension should be provided with technical assistance in establishing alternatives to suspension, and a system should be identified to "reward" them -- perhaps with fiscal incentives -- for significantly reducing their rates of suspension.

D. The Departments of Education, Human Services and Health should develop guidelines for school-related problems that result from student drug and alcohol abuse, and the Department of Education should advise school districts on alternative procedures for dealing with such problems.

E. The Department of Education regulations should require schools to give priority to use alternatives other than pupil exclusion to address the problem of drug and alcohol abuse, as well as require the schools to refer student substance abusers to treatment services.

F. Additional emphasis should be placed on the creation of programs to address school violence and vandalism, without excluding children from school. Low-cost program models, which include programs that use parents, students, and other volunteers in preventive activities, should be encouraged.

G. Uniform policies for all suspension and expulsions from school should be established for local school districts. The local school districts should be required to make parents and students aware of these policies by issuing a policy statement at the start of each school year.

1. Local school districts, further, should be required to maintain logs of all disciplinary actions that result in a child's suspension or expulsion from school. The log should contain the following information: reason for the action; age, sex, and race; the nature and extent of the sanction; and the policy which has been violated.

2. The log of all suspensions and expulsions should be forwarded monthly to the county superintendent. The county superintendent should include this information in his quarterly report to the state Commissioner of Education.

H. The Department of Education must take immediate action to identify the true dimensions of the problem of children who drop out, have chronic absences, are suspended or expelled, or are otherwise not accounted for in school enrollment.

I. Record-keeping procedures should be changed to collect accurate data on the total number of children who leave school annually. Local school districts should be required to keep a precise count of all withdrawals from school, not just withdrawals that are accompanied by formal student sign-outs.

E. SOCIAL SERVICES

Findings (Chapter V, Part C)

Current benefit levels for Aid to Families with Dependent Children AFDC) do not cover minimal survival needs. New regulations which deny benefits to youth aged 19-21 years who are attending high school, trade school, or college are not in keeping with the state's interest in decreasing youth unemployment.

Few specialized services for adolescents exist in the state. Crisis intervention services to address parent-child conflicts are not uniformly available statewide, and youngsters are being brought into the juvenile justice system needlessly on JINS and minor delinquency complaints at great cost to the public. (JINS is an acronym for Juvenile in Need of Supervision -- a complaint used to bring youngsters before the Juvenile Court for noncriminal behavior, such as running away or incorrigibility.)

For young people who become involved in delinquent activities, there are few alternatives to incarceration. The absence of alternatives to incarceration is most acute for poor and nonwhite children from impoverished urban areas --

these children constitute the majority of the population in the state's locked correctional facilities for youth. For youngsters placed in correctional facilities and in other institutions, there are few aftercare services to guide their transition back into the community.

While child development services, which address a broad range of health and educational as well as social needs, are well-recognized as an effective method of preventing later problems among young people, little emphasis has been placed on providing these services for New Jersey's children. Further, there are insufficient early prevention programs to address the problems of child abuse and neglect. Few support services exist to maintain children in their own homes, and all too often families do not receive services until there is a crisis situation. In many instances, the services provided are not suitable for black and hispanic families, who comprise the majority of families under the supervision of the Division of Youth and Family Services.

Child care needs are largely unmet for working parents. Little stress has been placed on developing respite care and other support services for single parents.

There is an acute shortage of foster homes for teenagers and for black and hispanic children. Current reimbursement rates for foster care do not cover the full costs of meeting a child's needs. Training and support services are not consistently provided for foster parents.

Recommendations

I. Income Maintenance Programs

A. New Jersey's AFDC program should provide eligible families with funds sufficient to meet basic survival needs. AFDC payments should be adjusted annually to reflect the actual change in the cost of living. The Department of Human Services should determine the level of funds, and the Legislature should appropriate funds sufficient to compensate for any federal reduction.

B. State law should be revised to continue AFDC eligibility for youth aged 19-21 years who are attending a secondary, vocational, or college program.

II. Services for Adolescents

A. Provide Direction

1. The Governor should take a strong leadership role in helping communities develop solutions which use existing

resources to address the unmet needs of youth, as well as promote responsible youth participation in the community.

2. Initiatives that provide support to community members in assessing youth needs and that build upon available resources should be expanded.

B. Develop a Continuum of Care

1. The Legislature should provide counties with financial incentives and technical assistance, first, to develop alternatives to detention centers and to JINS shelters; and, second, to improve detention centers and JINS shelter programs.

2. Priority for fiscal incentives and technical assistance should be given to those counties which have consistently evidenced a high rate of utilization of detention centers and JINS shelters; are known to have few existing alternative placements for troubled children; and as documented in prior studies of the population of the facilities, are known to use detention centers for children whose behavior does not warrant confinement in a locked facility.

3. Full responsibility for the care and rehabilitation of adjudicated juvenile delinquents who are committed to the care of the state should be transferred to the Department of Human Services.

4. The Department of Human Services should be charged with the responsibility of establishing a continuum of care for children adjudicated delinquent that includes a broad range of public and private programs which apply varying degrees of restriction on the child's freedom.

5. Further, the state should establish, under the Department of Human Services, public and private programs to spur the development of community-based alternatives to incarceration for children adjudicated for non-violent offenses.

C. Special programs should be developed for violent offenders. Those programs should incorporate a range of components that include secure custody, post-release community supervision, and rehabilitative services.

7. The Department of Human Services should be required to involve the child's parents in the service plans for children placed out of their homes by the Department of Human Services. The service plan should provide for regular parent-child visitation, as well as counseling, to pave the way for the return of the child to the care of his parents.

8. The Department of Human Services and other placing agencies should be required to provide after-care services for children who are returning from placement. These services should apply to children up to the age of 21 years.

9. The corrective measures taken by the Department of Human Services to upgrade the quality of the physical facilities and programs of their needed institutions and residential programs should be supported and expanded with emphasis on attractive, safe, comfortable surroundings; adequate levels of staffing; and maximizing the integration of the family in the treatment of the child.

III. Protective Services

A. Increased emphasis should be placed on the development of prevention and early intervention programs and services to maintain children in their own homes. Program development efforts should focus on more efficient and effective utilization of existing community resources, such as health services, community mental health centers, and the schools. Creative volunteer programs, and self-help groups which provide the kinds of non-professional support critical for distressed families should be expanded.

B. The current array of DHS services should be reviewed to determine its relevance to the unique cultural and ethnic characteristics of the families and children referred for protective services. Staff should be trained to be responsive to the unique needs of racial and ethnic minorities. The racial and ethnic composition of policy and service staff at all levels should reflect that of the client population served by DHS. Programs should build on the cultural values and strengths of the client population. Indigenous community-based organizations which are accessible to the families and accepted by them should be utilized.

C. All DHS workers who have responsibility for protective services should receive uniform and appropriate training prior to assuming their responsibilities, including identification of abuse and neglect and the provisions of the laws.

IV. Child Care Needs

A. Child care, including respite care services, should be developed and expanded to provide critical supports for families. Senior citizens, unemployed population groups, and the schools are some of the resources which could be tapped to expand child care and respite care resources. More extensive use of volunteer organizations should be made in providing support for families.

B. The Legislature should develop legislation that encourages and provides incentives for private industry to provide childcare and other support services to working parents.

C. A major effort should be made to expand job training programs and job placement services for single mothers. The state Department of Labor should be directed to take steps to increase the representation of women in existing publicly-funded job-training programs.

V. Foster Care

A. Reimbursement rates for the care of children placed in foster homes should be increased by the Department of Human Services. In order to accomplish this, the Legislature should appropriate additional funds.

B. The Department of Human Services should be directed to establish a standardized comprehensive program for the training of foster parents. Community members and foster parents should be involved in setting standards for training and for designing the program. Training should be required for foster parents and should include orientation programs, follow-up, and specialized training. Incentives should be provided foster parents who participate.

C. Recruitment efforts for foster homes should be targeted to reflect the racial and ethnic characteristics of children who need placement. Special attention should be placed on developing foster homes for black and hispanic children.

F. YOUTH EMPLOYMENT AND VOCATIONAL SERVICES

Findings (Chapter V, Part D)

New Jersey's youth unemployment rate of 23 percent is well above the national average of 19 percent. However, insufficient vocational and job-training services are provided to prepare youth to enter today's tight job market.

Unemployment has become a particularly acute problem for urban minority youth. For this group, the unemployment rate ranges as high as 60 percent in some areas of the state.

Recommendations

I. Vocational Services

A. The Governor and the Legislature should mount a strategy, drawing upon the resources of the Departments of Labor, Commerce and Economic Development, and Education in concert with the private sector to alleviate youth unemployment. Emphasis should be placed on reducing the chronically high rates of unemployment among minority inner-city youth. The Legislature should make funds available to ensure that:

1. Vocational education programs are revised to contain the flexibility to adapt to the rapidly changing technology and fluctuating elements of the labor market so that programs can be tailored to the needs of specific employers and geared to current and future trends in the labor market.

2. Vocational education programs should be available for all youth who are not enrolled in a college preparatory curriculum. Special attention should be paid to the handicapped.

B. Adequate and relevent basic skills and career preparation programs should be provided in areas with high youth unemployment rates.

C. Strong efforts including financial incentives should be made to encourage employment of youth by the private sector.

D. Economic development efforts should include methods to increase entry-level positions with opportunities for advancement for youth in the private sector. Additional funds to carry out this task should be sought from public and private sources.

G. HEALTH AND HEALTH CARE

Findings (Chapter V, Part E)

Despite advances in meeting the health needs of children, many serious health problems still receive inadequate attention. Today, for instance, the incidence of infant mortality and low birth weight for nonwhite infants is double that for white infants in New Jersey.

Sufficient preventive health care services are not available to address infant mortality and other health care issues that affect children. The Women, Infant and Children Supplemental Feeding Program (WIC) program which provides nutritional services for pregnant women and young children, is funded to serve less than 25 percent of the 150,000 eligible women and children in the state. Further, the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, designed to provide medical services for impoverished children, is not reaching many of the eligible children.

And, current Medicaid rates of reimbursement pose a barrier to preventive services for those impoverished children whom the Medicaid program is intended to serve. Since the reimbursement rates are too low to cover the actual cost of ambulatory care services, many providers will no longer accept children who are Medicaid patients.

Lead poisoning is a major childhood disease in New Jersey, with an estimated 220,000 children at risk of the serious neurological problems and learning disabilities caused by exposure to certain levels of lead. But funds are available to screen and treat only 13 percent of the children at risk.

Many children of Vietnam veterans are experiencing health problems that may stem from Agent Orange contamination. However, measures have not been taken to identify the impact of Agency Orange on this population.

Substance abuse has increasingly become a problem among New Jersey's young people. But there is no uniform statewide policy to address the problem. Few programs ecist to treat drug abuse among young people, and there are no funds specifically allocated to treat adolescent alcoholics.

Traditionally, children have been given low priority in the allocation of resources for mental health services. Today, the available services do not meet the current need. Many children are remaining in the community without receiving appropriate treatment for serious problems which impair their ability to function. In-home services, day-treatment programs, special foster homes, and residential treatment service are not available for many children who need these services.

Recommendations

I. Preventive Services

A. New Jersey's Medicaid program should provide reimbursement rates for ambulatory health care services which should cover the reasonable cost of the service provided.

B. Current resource allocation for the support of services for mothers and children should be reviewed to determine whether adequate priority has been placed on funding these services.

identified inequities should be rectified. Particular attention should be paid to the support of preventive health services.

II. Consolidation of Child Health Services

A. The Department of Health, Human Services and Education should be directed jointly to develop a plan for coordination and possible consolidation of the child health services offered by these three departments. The plan should specify mechanisms for integration of Medicaid funded services as well as Maternal and Child Health Care programs and School Health Services, and should include a method to assure that EPSDT-eligible children receive screening and follow-up services.

B. Any funds saved through administrative consolidation should be applied to pay for child health services.

III. Lead Poisoning

The Legislature should appropriate funds to supplement those available from the federal government to screen all children at risk of lead poisoning. The Department of Health should be directed to develop a plan for implementation of the screening services.

IV. WIC

A. The Governor should oppose any reduction in federal funding for the WIC program.

B. The Governor should direct the New Jersey Departments of Health, Agriculture, and Human Services, and requests related federal agencies, to identify methods or explore ways of providing adequate food for more than 100,000 women and children whose nutritional needs cannot be met by the WIC program at its current funding level.

V. Drug and Alcohol Abuse Prevention and Treatment

The state Departments of Health, Education, and Human Services should be directed to develop a coordinated plan for the prevention and treatment of drug and alcohol abuse among youth. The plan should specify mechanisms for coordination of state and local existing resources and should include these services: school-based educational programs, out-patient services, and residential treatment programs.

VI. Agent Orange

The Departments of Health, Human Services, and Labor should work jointly and cooperatively with the Agent Orange Commission to plan and implement a comprehensive needs assessment of the health, social, and economic conditions experienced by children who have been born to veterans who were exposed to Agent Orange.

VII. Mental Health Services

A. The initiatives undertaken by the Department of Human Service to prevent unnecessary institutionalization of emotionally disturbed children should be supported and expanded with emphasis on these program areas:

1. In-home services such as respite care to relieve parents
2. Day treatment programs
3. Teaching Family Homes for those children who cannot be cared for by their natural parents
4. Community-based inpatient treatment units, with priority on services for children from Essex, Hudson and Mercer counties.
5. Increased resources for autistic children
6. Increased funding to Community Mental Health Centers and clinics for such preventive services as screening, partial care, advocacy, crisis intervention services.

B. Continued emphasis should be placed on the development of linkages among the state-funded programs and the local public and private agencies to assure that a comprehensive continuum of care is provided for emotionally-disturbed children.

REFERENCES CITED

[1] Kenneth Keniston, All Our Children. New York: Harcourt, Brace and Janovich, 1978.

PREPARED STATEMENT OF DAVID W. CUNNINGHAM, EXECUTIVE DIRECTOR, CONNECTICUT JUSTICE FOR CHILDREN COLLABORATION, HARTFORD, CONN.

I am speaking today as project director and author of A Children's Budget, which for the first time identified all expenditures in the Budget of the State of Connecticut which serve children. This budget, which covers a four year time frame, was prepared under the direction of the Committee on Public Expenditures for Connecticut's children.

A Children's Budget was developed for Connecticut in order to allow child advocates to better understand how public monies are used to secure services and resources to children. Pulling from the budgets of 17 state departments, A Children's Budget documents how public monies are secured, allocated, and administered.

First of all, it should be noted that over the four years, A Children's Budget comprised approximately 25% of the State Budget and in 1983, projected expenditures equalled $980,586,545 Less than a 3% increase (adjusted to a 27.3% growth in the consumer price index) occured between 1980-1983.

A key aspect of that budget, which should be of interest to the Committee, is the ratio of federal to state dollars.

A Children's Budget is comprised on more federal funds than the rest of the State Budget. In 1982, it was comprised of 14.3% direct federal funds; When federal funds which reimburse State expenditures (e.g. for AFDC, Medicaid, Child Support Enforcement) are included the federal portion is 26.6%. There has been a 22.3% real decline in those federal funds over the past four years.

The Budget is divided into eight functional areas of services and resources:

-Education

-Health and Mental Health

-Child Care and Social Service

-Juvenile Justice

-Income Support

-Employment

-Nutrition

-Recreation and Culture

Over the past four years there has been a real decrease in funding levels in 6 out of 8 of those functional areas. When there was an increase, and that occured in the areas of Education and Juvenile Justice, the increase was in State funds.

Over 85% of A Children's Budget is allocated towards Education, Income Support and Nutrition, and Medicaid. Actually, 85.2% is administered through two of Connecticut's State departments, the State Board of Education and the Department of Income Maintenance. That leaves less than 15% of A Children's Budget which is allocated to all other program areas (child abuse, juvenile justice, child care, etc.)

Federal monies are most concentrated in the areas of Income Support, Medicaid, and Nutrition. State monies are most concentrated in the area of Education.

The ratio of State federal monies varies in all other program areas, in which there is also heavy reliance on local and private dollars.

The questions which arise for your consideration out of these findings are the following:

1. Is it appropriate that the federal government take primary responsibility for the issues of housing, food and medical care?

2. Is it appropriate that States take primary responsibility for Education?

3. Are there services which the federal government should standardize nationwide, and is funding a way to ensure standardization?

4. Will the federal government provide leadership in the development of innovative programs and technology, in the areas of Child Care, Juvenile Justice, Special Education, and Child Welfare?

5. Are there services which should be afforded primarily with State funds, either for efficiency or for reasons of autonomy?

6. If the State relies on federal funds for the support of certain services, can it maintain individual standards, high or low?

It is clear that the federal government must be encouraged to respond to these questions responsibly and I encourage you to provide leadership in that discussion.

Every community in this nation has evidence of the suffering, ill-health, and dysfunction of children. Connecticut, like many other States has alarmingly high infant mortality rates in its inner city minority neighborhoods. This is paralelled by increasing teenage preganancy rates. Child Abuse in general, and Sexual Abuse in particular are on the rise. Growing numbers of children are in poverty and living in female headed, single parent households in poverty. Few programs exist for children who are locked out of their homes after school because no one is there, or for children who cannot return home from institutional placement. There are dramatically few programs which work with acting out children, especially violent children, and street gangs.

In the past the federal government has allowed for the development of very strong programs (e.g. runaway youth services) through the use of categorical funding.

I am concerned that the valuable leadership and support is gone.

Instead, there has been a move to dismantle programs and undermine their impact. All discussion appears to be caught in a position of disatisfaction with the way things are. It is my hope that the select committee can shine a light, and rekindle the productivity and leadership of the federal government.

The real question before you is "What will it take to make the social service system of this nation work and how can federal programs contribute to that end?"

I hope to be of continual service to you as you assume this most admirable task.

United
Neighborhood
Houses

101 East 15 Street
New York, N.Y. 10003
(212) 677-0300

STATEMENT FOR THE
REGIONAL HEARINGS OF THE
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES
U.S. HOUSE OF REPRESENTATIVES

Opening Hearing

Monday, July 25, 1983

Goddard-Riverside Community Center
593 Columbus Avenue
New York, New York

Submitted by:

UNITED NEIGHBORHOOD HOUSES OF NEW YORK, INC.

United Neighborhood Houses, the federation of settlement houses and neighborhood centers in New York City, appreciates the opportunity to present a statement to the House Select Committee on Children, Youth, and Families during its initial series of regional hearings. We hailed the establishment of the Select Committee earlier this year and were very pleased that one of our member agencies, the Goddard-Riverside Community Center, was chosen to be the location of the first regional hearing on July 25, 1983.

As noted by Bernard Wohl, Executive Director of Goddard-Riverside, in his welcoming remarks, "settlement houses, like the Select Committee, are distinguished by a comprehensive approach to the problems facing children, youth, and families." Like the Select Committee, we strive to bring together the fullest array of resources and opportunities for children and youth. We commend the Select Committee's efforts to examine the programs of private agencies and to explore new ways of combining public and private resources on behalf of children, youth, and families. Based on decades of experience in serving children and families and of social advocacy on their behalf, UNH believes that a continuing collaboration of the public and private sectors is the best way to solve social problems.

Unfortunately, this public-private partnership has been sorely tested in recent years. Abrupt changes in the funding and direction of Federal programs and the budgetary difficulties of state and local governments have undermined many of the cooperative ventures in social welfare and have resulted in sharp service reductions for children and their families. The New York City settlement system and the young people it serves have been profoundly affected by the Federal budget cuts and program changes enacted by Congress since 1981. Many federally-supported programs in education, training, delinquency prevention, child development, and social services have been eliminated or sharply reduced. It has not been possible to obtain sufficient funds from our state and local governments or from private sources to make up for these losses in Federal funds.

UNH is hopeful that there will be an eventual return in Washington to more generous policies toward children and families. The Select Committee, whose formation this year was spurred by the wide national criticism of recent Federal policies, will be an important instrument in redirecting Congress toward a more enlightened position. We hope that future Congressional policies toward children and families will embody the principles of equity and fair play, which seem to have been given short shrift recently.

Because of its broad mandate, the Select Committee can focus on systemic problems suffered by children and their families. For so many of these children, the underlying problem of racial/ethnic discrimination is the major barrier across the path toward healthy growth and development. Vital statistics document the evil effects of discriminatory treatment on the children of racial/ethnic minorities. The data on Blacks reveal maternal death rates triple those of whites, infant death rates twice those of whites, placement in classes for the mentally retarded at rates triple those of whites, teenage unemployment rates triple those of whites.

In plain words, as long as racial/ethnic discrimination exists and children are born and grow up bearing a societal handicap based on their racial/ethnic identification, all public policies must take account of this terrible reality and must include mandates for corrective action. The fight for affirmative action and equal employment opportunity must be resumed in spite of current opposition to this remedy. Without equal opportunity in the job market for their parents, the children of racial/ethnic minorities are denied adequate family income as well as the positive role models they should have. Without equal employment opportunity for themselves, youngsters belonging to racial/ethnic minorities can also be expected to become very frustrated by education and training which lead nowhere. "Learning without earning" is an embittering experience.

Having acknowledged the disproportionate impact of national economic adversity on certain racial/ethnic groups, we must also recognize the fact that the vagaries of the U.S. economy can hurt children and families of all groups. The Select Committee is gathering much data on the growing numbers of children living in households below the poverty level. Powerful economic and social forces are placing great strains on families. Weaknesses in the U.S. economy have caused many people to lose their jobs. Because the traditional male breadwinners are not bringing in enough income, mothers of young children, whether living with husbands or without them, are working outside of their homes. Women's wages, being only 59% of men's, families dependent on the income of working mothers are at a real disadvantage.

Women and their children participate in many of the programs of the New York City settlement system. If not currently receiving public assistance benefits, many of these women may be just one step away from welfare. The struggle to provide for their children and themselves overwhelms many low-income parents. Single parents, however, must make extraordinary efforts to support their families, perform all household tasks and other chores needed by their children, and, above all, give them love and good care. The stress resulting from so many demands is very great.

Family stress can be measured in the incidence of several kinds of malaise, including child abuse and neglect, family breakup, juvenile delinquency, physical disease, and mental illness. Many programs of UNH and its member agencies are designed to help families suffering these kinds of problems. We offer programs in home management, child day care, and services designed to prevent foster care placement. Being neighborhood-based, our programs can be mobilized quickly to meet family crises. Though equipped to help in crisis situations, settlement workers strive to prevent crises and assist families in coping with the stresses facing poor people in New York City today. One noteworthy effort is the Settlement Service Center for Families, which UNH operates in collaboration with two of our member agencies located in the Bronx, the Claremont Neighborhood Centers and Southeast Bronx Neighborhood Centers. Serving families with children at risk of foster care placement or return to foster care, the settlement houses have been able to strengthen and expand their network of family and children's services with state and local funds for preventive services.

Many of the children helped by the Settlement Service Center for Families reside in the large public housing projects surrounding the two participating settlement houses. Residents of public housing have been a principal concern of the New York City settlement system for many years. Twenty-four of UNH's member agencies are located in facilities of the New York City Housing Authority. In the high-density projects which dominate public housing in New York City, the concentration of social problems has always been a concern. During difficult economic times, the problems deepen. Working with the Department of Social and Community Services of the New York City Housing Authority, UNH and its member agencies have been providing general social services to the tenants of public housing for many years.

Our involvement with families living in public housing brings us into daily contact with the crisis in housing for low-income families in New York City. The New York City Housing Authority acknowledges that it has a waiting list of applicants that cannot be filled for twenty years. The catastrophic dimensions of the housing shortage for low-income families in New York City are well known to the Select Committee. We commend Chairman Miller and other Committee members for taking the time to visit homeless families temporarily located in hotels and for publicizing the irrational requirements of the public assistance laws which allow public expenditures for expensive hotel rooms and not for more reasonably-priced permanent housing. As it studies the problems facing the nation's children, the Select Committee will have to devote considerable attention to the factor of the physical environment. Safe, sound housing is a prerequisite to insure the welfare of children. The unlucky children whose families have become homeless must be a constant reminder of the failure of the United States to develop a just housing policy.

Many other failures to develop and maintain equitable social policies are now under the spotlight of the Select Committee. For those public officials to whom these shameful revelations are shocking and "perplexing," the new knowledge will, we hope, be a spur to action. It has been said that we have become "an aging, tired, and disillusioned society." Those of us who love children know that there is nothing like the energy, laughter, and illusions of children to restore the tired spirits of adults. Our children need us, and we need them. The cause of the Select Committee is a vital one for the United States in these final decades of the twentieth century, and we look forward to a close collaboration between the Federal Government and the private sector on behalf of children, youth, and families.

Public
Education
Association

20 West 40th Street
New York, New York 10018
(212) 354-6100

TESTIMONY ON BEHALF OF
THE PUBLIC EDUCATION ASSOCIATION
BEFORE THE U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

August 8, 1983	Submitted by: Paula J. Hepner, Esq.,
New York, New York	Director, Education Rights Project

The Public Education Association (PEA) is a Not-for-Profit Corporation chartered by the New York State Board of Regents in 1899 to investigate, make recommendations, and take legal action where necessary, to improve, enrich, and advance educational opportunities for all children in the New York City Public School System. Throughout its history, PEA has been an influential citizen voice for better, more inclusive public schooling, and a consistant advocate of educational reform. The innovations it brought about - parents associations, objective professional selection, citizen monitoring of the budget process, as well as substantial modifications of school system practice in such areas as school curriculum, student rights, and school district reorganization - have shown both the need for and importance of outside involvement in shaping education policy. As the Select Committee convenes to take up the urgent issues facing children, youth and families, the Public Education Association is grateful for this invitation to present our views and we look forward to a close working partnership with the committee as it embarks on its mission.

Rarely has there been a time when so much public attention has been focused on the subject of education. The focus is timely, but not soley or primarily for the reasons that have had most public attention. In the search for excellent scientists and business leaders to compete with other countries, we must be careful not to risk neglecting the many young people at risk of failing or dropping out of school whose industry and good citizenship are also needed to keep our country strong, safe, productive and to maintain its democratic traditions.

In New York City we are dedicated both to meeting the needs of the exceptionally talented and improving the schools so all young people meet their potential. Our schools, moved by strong community pressure and support from groups like our own, are developing programs for improvements in many areas, for example, high school reform, education of the handicapped, improved teaching of basics in the early grades. We would like an opportunity at a future hearing to share our hopes for some of these initiatives. It seems most urgent at this time, however, to express concern about the withdrawal of federal support for such enterprising efforts at the local level.

All children are "truly needy" when it comes to education. But we have yet to discern the "safety net" for education programs and services which the "new federalism" plan promised. Keeping in mind the crisis in the quality of public education, which three or four major task forces have described to us since the beginning of this year, let us look at what public education critics have done during the past two years.

Title I - ESEA/Chapter 1 - ECIA

Sixteen years ago Congress created Title I, a federal education program under the Elementary and Secondary Education Act so that school districts could provide remedial and compensatory instruction in reading and math for educationally disadvantaged children who live in poor neighborhoods. Every major study of Title I, now known as Chapter I of the Education Consolidation and Improvement Act, indicates that this program has been successful in improving students' reading and math abilities. Even the Department of Education's own five year study of the Title I program found that students in grades one to three improved in reading by 10-17% more than disadvantaged students who did not participate in Title I programs. Statistics reveal that approximately 5.1 million children have been served in Title I programs, yet this represents only 45% of the children eligible and in need of this assistance. Over the past two years funding cuts as much as 40% have been sought and successfully resisted. With regard to the 1984 budget, we are again facing a propsed reduction of 4.9% in funding for compensatory and remedial education, and fighting to maintain current service levels. We would rather spend our energies, and measure our success, by enabling new children to benefit from these programs, rather than keeping those already in programs from being elimintated.

Chapter II - ECIA -

Chapter II of the Education Consolidation and Improvement Act replaced most of the categorical programs funded under the Elementary and Secondary Education Act. Twenty-nine programs that were previously funded separately were consolidated into the Chapter II block grant. Included among these categorical programs are funds for school libraries, teacher centers, basic skills improvement, career education and most significant of all, the Emergency School Aid Act which provided funds to help desegregating school systems with the cost of eliminating segregation and discrimination. In addition to the budget cuts that accompanied the consolidation, under the 1984 budget proposals, several of the Chapter II programs are now slated to be discontinued. The savings of approximately 12 million dollars is well known. The cost to our children is being overlooked.

Special Education -

The Education for All Handicapped Children Act, P.L. 94-142, was enacted in 1975 to enable handicapped children to receive appropriate education suited to their unique individual needs. Since the passage of P.L. 94-142, an increasing number of handicapped children have entered the public schools to be educated, reaching a record high of 4.2 million children during the 1981-82 school year. In the past two years, however, P.L. 94-142 has endured more insidious attacks than any other program in the federal education budget. Congress, with the help of the people, twice fought against outright repeal of the statute through a block grant mechanism, and then defeated annual attempts at recission cuts for the 1982 and 1983 school years. Similarly, efforts to "re-regulate" away the protections embodied in the statute's regulations were also defeated. The 1984 proposed budget continued the appropriation for handicapped education programs at the 1983 level, but people are justifiably worried about the message which the federal government's actions convey. Congress, which took leadership in giving handicapped children an education, should now be giving states a clear signal to go forward with their programs.

Tuition Tax Credits -

At a time when social programs in this country are experiencing the most profound cutbacks, and the public education system has received, nationally, a no-confidence vote, the notion of tuition tax credits has been strenuously promoted.

Though couched in the language of tax relief, this program will provide special benefits to a tiny fraction of the population at cost of more than 4 billion dollars per year. Since state-aid to public education is in most cases tied to enrollment figures, any drop however minute would result in less dollars for the public school system. In New York City alone, a 10 percent drop in enrollment could eventually mean an annual loss of about 80 million dollars in state-aid which would not be accompanied by a 10 percent reduction in cost for staff, heating, maintenance, and so on. This 4 billion dollars could instead replace the $1 billion cut from the Department of Education budget each year since 1981 and still leave money to increase the number of children served by the most successful federally supported educational programs. The discussion above reports on only four of the most catastrophic results of the "new federalism." There have been similar attempts to undermine many other federal education programs such as women's educational equity, Indian education, vocational and adult education, bilingual education, migrant education, and post-secondary educational programs including student financial assistance and minority fellowships for graduate and professional study.

We have raised what we feel are the critical issues affecting significant numbers of children in our country. We come before you to enlist your support over the coming months and years to help us stem the tide of mediocrity in the solutions being suggested (back to basics, deeper budget cuts and private sector initiatives) to revitalize our public education system, and to urge this committee to develop and promote a sound education platform within its agenda that will survive long after the 1984 presidential campaign.

State of New York
Council on Children and Families
Mayor Erastus Corning 2nd Tower
28th Floor
Empire State Plaza
Albany, New York 12223

SEP 14 1983

Joseph J. Cocozza, Ph.D.
Executive Director
(518) 474-8038

September 1, 1983

Dear Mr. Miller:

It was a pleasure to meet with you and your colleagues from the Select Committee on Children, Youth and Families at the hearing held in New York City on July 24, 1983. I thought the dialogue was extremely useful and hope that your committee felt similarly.

The purpose of this letter is to follow up briefly on our discussion of the impact which the reductions in the federal human services budget are having on New York State. There are several organizations in this state attempting to monitor the impact of the federal cuts on children and families. While no truly comprehensive analysis exists, there are a few sources of information I would like to bring to your attention.

In 1982, the Council on Children and Families issued a report outlining the implications of the cutbacks in selected major programs that were being proposed for Fiscal Year 1983. Because many of the general points made in that report are still valid, I am enclosing a copy. In addition, as I mentioned in my testimony, the Council participates in an interagency task force on the federal budget convened by Governor Cuomo to monitor events in Washington related to proposed and/or enacted reductions in health and human services programs. This workshop is chaired by Commissioner Cesar Perales, New York State Department of Social Services. Over the next several months, this workgroup is planning to produce reports which will document how changes in the federal programs are affecting the delivery of supports and services to children and families in this state. I will make certain that any relevant information generated through this task force will be forwarded to your committee. Also, for your information, I am enclosing impact reports prepared by the previous administration's Governor's Task Force on the Federal Budget. While these reports are somewhat dated, they contain data that helps to explain the nature and scope of the changes in this state's human services programs that have resulted from federal reductions.

Other non-state agencies are also attempting to track the impact of federal cuts on the community. In particular, I would direct your attention to the reports being produced by Child Watch, a national monitoring project organized by the Children's Defense Fund. In conjunction with Child Watch, the Community Service Society of New York City has recently disseminated a document entitled "Child Watch: New York City - Looking Out for America's

Children". The report provides factual information, supplemented with anecdotes from actual cases, about the outcomes of changes in Medicaid, Title V Maternal and Child Health, Crippled Children's Services, and the WIC program. If you do not already have a copy, I suggest you request one.

As I indicated to you, in the case of certain programs, New York State and New York City have compensated for the loss of federal funds by making adjustments in their own budgets in order to mitigate the impact on families who are dependent on public services. For example, the state and the city averted the necessity of closing down many much-needed day care centers by using other funds to make up for losses in Title XX. Nevertheless, there are still large numbers of families who need day care and who, although they cannot afford to purchase care on their own, have become ineligible for publicly subsidized care. Unfortunately, no document exists that outlines those program areas in which the state has sought to preserve a service level that would otherwise have declined due to federal cutbacks. If any information of this nature is released, I will see that you receive it.

In conclusion, let me assure you that we will attempt to keep the committee apprised of any additional information pertaining to the effects of federal budget changes in this state. I wish you success with the Select Committee's efforts to assist Congress to act in the best interests of the nation's children and families.

If I can be of any further assistance, please do not hesitate to let me know.

Sincerely,

Joseph J. Cocozza

Joseph J. Cocozza, Ph.D.
Executive Director

Mr. George Miller
Chairman
Select Committee on Children,
Youth, and Families
Room H2-385 House Office
Building Annex 2
Washington, DC 20515

enc.

744 Edgewood Avenue
New Haven, Connecticut 06515
October 12, 1983

Hon. George Miller
Chairman, Select Committee on
Children, Youth and Families
U.S. House of Representatives
2422 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Miller:

I apologize for the delay in returning the copy of my testimony. I have made several corrections on page 193.

I appreciated the opportunity to participate in the hearing held by the Select Committee. Our meeting with the Swedish and Soviet children this summer was very productive. Toward the end of our stay in Sweden, the participants in the peace camp wrote a statement of their feelings about world peace. Would it be possible to include the statement as part of my published testimony? A copy is enclosed.

Thank you for being so responsive.

Sincerely,

Leah Lubin

Leah Lubin
Children's Campaign
for Nuclear Disarmament
Central Office
New Haven, Connecticut

LL/js
Enclosures

PEACE CAMP
The district of Mark, Sweden
August 3rd - 13th 1983

COMMON STATEMENT OF THE PARTICIPANTS

We are youth from the U.S.A, the U.S.S.R and Sweden. We were invited by the Mark's Peace Group in Mark, Sweden, to participate in a peace camp. When we first came here, we knew little of each other. The main thing we had in common was our hope for peace and our willingness to struggle for it.

During the time that we have been spending at the camp, we have made friends. We hope our friendship will be everlasting, though our paths may never cross again. We also hope that our countries can become friends.

The future is ours and we must make it secure. Hundreds of generations have passed and now people are asking if we will be the last generation. The arms race is now more dangerous than ever and will get worse if we don't stop it.

The fear of being destroyed is not the only reason we are against nuclear weapons. The money used to make nuclear weapons is needed in far too many other areas. In many countries of the world, people are living in poverty, because money is being used to produce weapons.

It isn't too late to stop a Nuclear Holocaust. We propose to freeze all the nuclear armaments, to stop tests and then to eliminate all nuclear weapons and biological, chemical and conventional weapons.

To make peace, we must eliminate all weapons for we are not really living in peace when weapons are present.

The step which makes the world closer to nuclear war is the plan of deployment of the new U.S. missiles in Europe at the end of 1983. All must be done to stop this most dangerous step.

To prevent a Nuclear Holocaust, we propose to create a Nuclear-Free Zone in Northern Europe, which would motivate other areas to do the same. In effect, it would be better that the whole world would become nuclear-free.

We all believe that our international problems can be resolved peacefully if we help each other.

PEACE ON EARTH!
FRED PÅ JORDEN!
МИР ЗЕМЛЕ!

Törnqvist

Alicia Peterson
Larsson
Mårten Ekdahl

September 7, 1983

Dr. Donna O'Hare
Medical and Health Research
Association of New York City
225 Broadway, 17th Floor
New York, New York 10007

Dear Dr. O'Hare:

This is to express my appreciation for your appearance before the Select Committee on Children, Youth, and Families at its regional hearing in New York City on July 25, 1983. Your participation contributed to making the hearing a success.

The Committee is now in the process of editing the transcript of the hearing for publication. It would be helpful if you would go over the enclosed copy of your testimony to assure that it is accurate, and return it to us with any necessary corrections.

In addition, Congressman DannMarriott, Ranking Minority Member of the Committee, has asked that the following questions be answered for the record:

> In your testimony you state that, "The Women Infant Children Program (WIC) is currently serving 225,000 participents in New York State. There are approximately 400,000 participents who are eligible for services but are not currently participating."
>
> I assume you mean there are 400,000 women who are eligible for services but who are not currently participating. Can you tell the Committee how you arrived at this figure? And, can you give the Committee some idea of why those who appear to be eligible are not participating? Is it because of lack of WIC resources? Is it a lack of information about the program? Is it a lack of their ability to understand their needs and the needs of their children? Any information you might provide regarding this matter would be appreciated.

Once again, the other members of the Committee and I appreciate your taking the time to give us the benefit of your experience.

Sincerely,

GEORGE MILLER
Chairman

MIC
MATERNITY, INFANT CARE
FAMILY PLANNING PROJECTS
225 Broadway, New York, NY 10007
(212) 267-0900

SEP 1 9 1983

Office of the Director

September 14, 1983

George Miller, Chairman
Select Committee on Children, Youth
and Families
H2-385, House Office Building Annex 2
Washington, D.C. 20515

Dear Mr. Miller:

Thank you for your letter of September 7th and your interest in my testimony given on July 25, 1983.

It is not correct to assume that the 400,000 participants (page 14, line 310) eligible for services are women. This number includes women, infants and children.

According to USDA, there are approximately 598,000 women and children in New York State who are eligible for WIC. With 225,000 presently enrolled in the program, 373,000 are not being served. However, USDA does not include illegal aliens in its estimate which, when they are added to the census population, approximates 400,000 women and children not presently enrolled in WIC who are eligible.

The Department of Agriculture estimated the eligible population based on the 1980 Census of Population and Housing. The population of infants and children was determined by tabulating the number of children less than five years old and whose family income was below 185% of poverty. To approximate the number of eligible women (pregnant and postpartum) the USDA then used the 1979 total births multiplied by 1.25 years (nine months for pregnancy and six months for postpartum). "The resulting number was multiplied by the percent of total children under 185% of the poverty level." (USDA, July 1983)

USDA, July 1983, WIC Program Proposed Funding Formulas

George Miller, Chairman
Select Committee on Children, Youth and Families
September 14, 1983

The equation reads as follows: (USDA, July 1983)

"Number of Children Under 185% of the Poverty Level + (Total Births Times 1.25) Times Percent of Children Under 185% Poverty Level"

USDA, July 1983, WIC Program Proposed Funding Formulas

Sincerely yours,

Donna O'Hare, M.D.
Project Director

DOH/mc
Enclosures - Corrected (in red ink) testimony as per instructions

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK INC.
105 EAST 22nd STREET • NEW YORK, NEW YORK 10010 • 212-673-1800

CHAIRPERSON
STANLEY H. LOWELL, ESQ.
PRESIDENT
NANCY HOVING
VICE PRESIDENTS
HOWARD M. BRENNER
CARROLL L. CARTWRIGHT
MRS. ARTHUR A. FEDER
MRS. EDYTHE W. FIRST
HAMILTON F. KEAN, ESQ.
FRANCES LEVENSON, ESQ.
MRS. PAM S. LEVIN
MRS. SETH TOBIAS
MRS. JESSE D. WOLFF
HONORARY VICE PRESIDENTS
MRS. MAX ASCOLI
LEONA BAUMGARTNER, M.D.
HON. ABRAHAM D. BEAME
KENNETH CLARK, Ph.D.
MRS. MARSHALL FIELD
HON. JOHN V. LINDSAY
JAMES MARSHALL, ESQ.
HON. ROBERT F. WAGNER
TREASURER
MRS. ROBERT A. BERNHARD
SECRETARY
MRS. C. REYNOLDS PRATT
EXECUTIVE DIRECTOR
BERNARD C. FISHER

CHILDREN: VICTIMS OF THE NEW NATIONAL POLICY

A Citizens' Monitoring Report on the Effect of Cuts in Federally Supported Programs for Children

Initial Field Work in May 1982

August 1982

BOARD OF DIRECTORS

EFRAT ABRAMS
IRENE ARNOLD, ESQ.
MRS. ROBERT M. BERNSTEIN
JEWELLE W. BICKFORD
KATHARINE DODGE BROWNELL, M.D.
MRS. HERMAN E. COOPER
MRS. HOWLAND DAVIS
ANA O. DUMOIS, Ph.D.
MRS. WALTER GUZZARDI, JR.
MRS. ERIC HAIGHT
MISS HELEN M. HARRIS
MRS. LOUIS HARRIS
CHARLAYNE HUNTER-GAULT
MICHAEL G. KALOGERAKIS, M.D.
DEBORAH KRULEWITCH
MRS. JAMES B. LIBERMAN
ALBERT F. MONCURE
PATRICIA G. MORISEY, D.S.W.
MRS. NANCIE PALMER
SISTER MARY PAUL, D.S.W.
MRS. DOROTHY PLAUT
MRS. EDMUND A. ROSENTHAL
ANN S. SAND
MARGE SCHEUER
MRS. CATHRINA SCVOS
COLETTE SHULMAN
MRS. ROBERT S. SIFFERT
MRS. HOWARD SLOAN
MRS. ALFRED R. STERN
JOAN SWAN
FRANK VAN DYKE
MRS. JOHN A. WILLIS
MISS WOODSIDE

COMMITTEE MEMBERS

REGINA A. ARNOLD, Ph.D.
MRS. HAROLD BAER
SUZANNE BAER
REV. DAVID W. BARRY
KATHERINE A. BEHRENS, Ph.D.
MRS. BRUCE BENJAMIN
MRS. ROBERT S. BENJAMIN
MRS. SUZANNE BERLISS
BETTY J. BERNSTEIN, Ph.D.
HELEN BERNSTEIN
JUDITH R. BIRSH, Ed.D.
ALGERNON D. BLACK
MRS. HOWARD M. BRENNER
MRS. ELEANOR R. BRUSSEL
MRS. MARIA RIVERA BUCHANAN
VELERIA BULLARD
WILBERT E. BURGIE
EVELINE M. BURNS, Ph.D.
HELEN L. BUTTENWIESER, ESQ.
H. DANIEL CARPENTER
MRS. ROBERT CARSWELL
ELIZABETH S. COLE
LOUIS Z. COOPER, M.D.
MRS. ALMIRA COURSEY
FRANK J. CURRAN, M.D.
MRS. ELAINE DANAVALL
ELIZABETH DANE, D.S.W.
ALAN V. DAVIES
ELIZABETH BISHOP DAVIS, M.D.
MICHAEL DAVIS, ESQ.
HON. PEGGY C. DAVIS
MRS. JANE deCASTEJA
ELIE deCOMMINGES, Ph.D.
MRS. JAMES DEELY
MRS. JOSEPH C. DELIBERT
HON. NANETTE DEMBITZ
RICHARD E. DEUTSCH
FRANK DONNELLY
BENARD P. DREYER, M.D.
MRS. EDWARD R. DUDLEY
HON. JAMES R. DUMPSON
MISS ELIZABETH EAGAN
MRS. JANE EDWARDS
ROBERTO B. ESPIER
HON. HAROLD A. FELIX
TRUDY B. FESTINGER, Ph.D.
REV. CARL FLEMISTER
LOUISE FLOYD
HENRY FOSTER, ESQ.
MRS. FRED FRIENDLY
MRS. NATHAN H. GATES
MISS HELAINE GEISMAR
MITCHELL I. GINSBERG
MRS. ARNOLD L. GINSBURG
MRS. MARY FUNNYE GOLDSON
MRS. WINIFRED GORLIN
PROF. FRANK P. GRAD
ELIZABETH H. GRAHAM, M.S.W.
GEORGE H. HALLETT, JR.
JOHN E. HALPIN, ESQ.
MRS. HUGH HERBERT BURNS
D. JOHN HEYMAN
DAVID M. HEYMAN
LYNNE HOFER
PATRICIA S. HUNTINGTON
MRS. DOROTHY HUTTNER
CHRIS STERN HYMAN, ESQ.

ANNE E. IMPELLIZZERI
MRS. THOMAS JONES
MRS. MARCELLA KATZ
VIRGINIA C. KEIM
HON. FLORENCE M. KELLEY
LUCIE S. KELLY, R.N., Ph.D.
SHIRLEY DUNGAN KHEEL
CHARLES H. KING
NANCY FISHER KIRSCHNER
JOAN KOVEN, ESQ.
MRS. FLORENCE KREECH
MRS. ALBERT M. KRONICK
SEYMOUR LACHMAN, Ph.D.
MRS. TRUDE W. LASH
MARILYN B. LEVITT, D.S.W.
MARVIN LIEBERMAN, Ph.D.
ELINOR G. MANNUCCI, Ph.D.
MRS. EDITH MARKS
HON. LEAH MARKS
MRS. EVA LEVY MARSHALL
JOSEPHINE MARTIN, M.D.
MRS. LOUIS MARX, JR.
MRS. MAUREEN McCARTHY
HON. KATHRYN McDONALD
REGIS G. McDONALD
THOMAS McKENNA
HON. MILLARD L. MIDONICK
CARLOS MORALES
CAROLE MORNING
MRS. ANDRE NEWBURG
MRS. DONALD E. NEWHOUSE
HARVEY NEWMAN
MRS. JANE NYE
MRS. FRANCES OLIVIERI
HON. RICHARD PALMER
NORA K. PIORE
GLORIA PLESENT
BARBARA SCOTT PREISKEL, ESQ.
MRS. RUTH RAVICH
LENORE RINGLER, Ph.D.
MRS. NATALIA RITTER
MISS LINDA ROOGEMS
PETER ROGATZ, M.D.
MISS NINA ROSENWALD
ESTHER P. ROTHMAN, Ph.D.
NANCY K. RUDOLPH
MRS. NORA S. SCHAAF
CHARLES SCHINITSKY
INA SCHNELL
MRS. JEROME G. SHAPIRO
HON. FELICE K. SHEA
T. GEORGE SILCOTT
HOWARD SLOAN
MRS. NINA K. SOLARZ
MARY MORGAN SPRINGER
MS. BOBBETTE STUBBS
BISHOP JOSEPH SULLIVAN
MRS. ARTHUR OCHS SULZBERGER
MRS. RAYMOND TROUGH
FREDERICK L. TUNICK, M.D.
BENAY VENUTA
MYRON WALD
[illegible] K. B. WEISBROD, ESQ.
NANCY WEST-LETA, R.N., M.S.N.
DORIS L. WETHERS, M.D.
ELIZABETH WICKENDEN
MRS. ROBERT O. WILDER

MONITORING TASK FORCE

CHAIRPERSON

Mrs. Cathrina Sevos

C.C.C. STAFF MEMBERS

Mrs. Hermine Fuld Nessen
Ms. Nancy G. Wackstein
Ms. Helen Ward

MEMBERS

Efrat Abrams
Mrs. Diana Altshul
Mrs. Ruth Andrews
Mrs. Robert Bernhard
Mrs. Robert Bernstein
Mrs. Richard Bersohn
Judith R. Birsh, Ed.D
Ms. Felice Burns
Dr. Louis Z. Cooper
Dr. Elizabeth Dane
Dr. Elizabeth B. Davis
Mrs. James Deely
Mrs. Grace Derriey
Mrs. Edward R. Dudley
Miss Elizabeth Eagan
Mrs. Arthur A. Feder
Mrs. Justine N. Feldman
Mrs. Edythe First
Mrs. Henry Frierson, Jr.
Miss Eelaine Geismar
Mrs. Walter Guzzardi, Jr.
Mrs. Eric Haight
Mrs. Louis Harris
Mrs. Roger Hess
Mrs. Anne E. Impellizzeri
Ms. Patricia L. Johnson
Mrs. Marcella Katz
Mrs. Richard Kislik
Mrs. Sarah Lydgate, MPA
Mrs. Andrew J. Mullins
Mrs. Eugene McCarthy
Mrs. William Overman
Ms. Conni Palmer
Davis Platt
Mrs. Dorothy Plaut
Mrs. Vivian Port
Mrs. Beverly Robbins
Mrs. Herbert G. Rosen
Mrs. Edmund A. Rosenthal
Dr. Esther P. Rothman
Mrs. Ann S. Sand
Mrs. Nora Schaaf
Mrs. Robert S. Siffert
Charles Stachelberg
Ms. Bobbette Stubbs
Ms. Joan Swan
Mrs. Suzanne Todd
Samuel Walton
Mrs. James L. Watson
Dr. Doris L. Wethers
Mrs. Reba White Williams
Mrs. Elaine Danavall
Mrs. Jesse D. Wolff
Mrs. Robert Worth
Mrs. Jules Yablok
Mrs. Daniel Yankelovich

INTRODUCTION

This is a summary report of Citizens' Committee for Children's first field survey of what is happening to families and children who are dependent on social services in New York City. We looked specifically at income support, health care and day care programs, seeking to discover how well the "safety net" is, in fact, working for this city's poor.

Since the beginning of the Reagan administration both the public and its elected officials have been confused by conflicting assessments of how the 1981 cutbacks in federal financial support for social programs will actually affect those who are dependent upon them. There are those who maintain that social services funding cuts will ultimately produce better services or eliminate the need for them altogether. Others portray a society which is callous to the needs of its most unfortunate members and predict a further widening of the gap between rich and poor.

For over thirty-five years CCC has been dedicated to representing the needs of children by providing them with a voice and a champion and by advocating for public policy which ensures that their basic needs will be met by a responsible society. This concern propelled CCC, increasingly impatient with the conflicting pronouncements of the bureaucrats, politicians and academics, to move out into the city's neighborhoods to try to determine first hand exactly what children and families were experiencing.

During the month of May,1982 teams composed of private citizens who were trained as program monitors made site visits to over fifty programs in four boroughs of the city. Our volunteers had no professional stake in the programs they monitored. Their decision to participate in this project was determined solely by their own personal concern over the way the federal budget cuts might be affecting the city's children. They therefore talked with program directors and their staff, community activists, and most importantly, clients and their children. This report is, by intent, largely anecdotal. We are reporting what we saw and what people told us. In each of the following sections describing our impressions, we have first outlined what reductions in federal funding were made, and what that has meant for recipients here in New York City.

In some respects, May was too early to have started monitoring. In some areas, the full impact of the cuts made in 1981 for FY '82 had not yet been felt.

In other areas, however, the impact of the cuts had been felt and the world of the poor had already been shaken. Our monitors found confusion, fear and anger at every interview.

Our major finding was that the working poor, those just above public assistance levels -- frequently, in fact, recent "graduates" of public assistance -- had been hit the hardest by the elimination of federal subsidies, cuts in food stamps and AFDC and the closing of Community Health Centers. One volunteer wrote,

> Monitoring for this project is very depressing. We are taking away the hope of the poor.

This is the first in a continuing effort by CCC to monitor the changes in governmental commitments to social services. In the near future, we intend to monitor education, mental health, juvenile justice and youth employment and training programs, while of course recognizing that all these systems overlap and it is usually the same children and young people who are being denied services, over and over again.

I. HEALTH PROGRAMS

FISCAL YEAR 1982 FEDERAL BUDGET CUTS IN CHILD HEALTH

The health facilities we visited rely on a variety of sources of federal funding.

The Women, Infants and Children (WIC) Program

These clinics in New York City provide health care and nutritional supplements to low-income pregnant and lactating mothers, infants and young children. They are funded by the Women, Infants and Children Program, under the United States Department of Agriculture.

Despite the Administration's proposals for drastic reductions in WIC funding, the program fared well in last year's budget action in Congress. Congress enacted only slight reductions in funding over the FY'81 levels so that funding for the program was kept fairly constant this year for clinics here in New York City.

The Maternal and Child Health Program

The Maternal and Child Health Program, Title V of the Social Security Act, funds Maternal and Infant Care Clinics and Children and Youth Projects which provide basic health care to low-income mothers, infants, children and youth. The program supports nine Maternal and Infant Care Clinics and seven Children and Youth Projects here in New York City. The Maternal and Infant Care clinics currently serve 13,000 prenatal patients, and provide 9,000 deliveries every year. The Children and Youth Projects served 60,000 patients in 1981.

Last year, Congress voted to fold the Maternal and Child Health Program into a Maternal and Child Health Block Grant, along with four other categorical health programs. Congress also reduced funding for the programs by 30% over funding levels for FY'81.

At the time of our visits in May, New York State had not yet picked up these programs as a block grant. (Congress required all states to pick up the block grant by October 1, 1982 at the latest. New York State chose to pick up the block grant on July 1st). Because of the federal cuts, New York State has lost a total of $7.7 million in funding for maternal and child health.

Section 330 Funds for Community Health Centers

Section 330 of the Public Health Services Act provides funds for community health centers which provide basic health care to low-income people in medically underserved areas. In 1981, there were 49 community health centers located in both urban and rural areas of New York State serving approximately 475,000 patients.

Last year, Congress reduced funding for the program by $137 million nationwide, a 29% cut in funding over the levels for FY'81. Consequently, New York State has lost $6.5 million as a result of these cuts and is estimating that approximately 50,000 fewer patients will be served by the close of FY'82.

Medicaid

The cuts in Medicaid which were made last year have not, for the most part, affected recipients directly. The major reduction in funds is a result of the decrease in the percentage of federal support for the program. To date, this federal reduction has been absorbed by New York State without restricting eligibility or reducing services for recipients.

Cuts in AFDC, however, will have a direct impact on eligibility for Medicaid. Recipients who lose AFDC benefits because of changes in eligibility for that program, will, in most cases, also lose their automatic eligibility for Medicaid. Officials are unsure, as of now, how many of these recipients will still be eligible for the Medically Needy Program under Medicaid which permits non-AFDC recipients with excess income to apply unpaid medical bills to that excess income in order to become eligible for Medicaid.

IMPACT OF BUDGET CUTS ON CHILD HEALTH

CCC monitors visited a variety of health programs in Manhattan, the Bronx, Brooklyn and Queens which provide basic health care to children and which rely wholly or in part on federal funds.

These include the Women, Infants and Children Program (WIC) under the United States Department of Agriculture; Community Health Centers funded under Sec. 330 of the Public Health Services Act; and Children and Youth (C & Y) Projects funded under Title V of the Social Security Act. Our goal was not only to form an impression of the direct effects of funding cuts on these programs, but also to get a feel for how professionals at these sites value the services offered and what impact a reduction in these services has had, or would have, on the children being treated.

The Value of the Services Provided by the Programs We Visited

We found a deep conviction among the staff at these health sites about the value and cost-effectiveness of providing this kind of health care to children. A director of one of the WIC centers in the city illustrated WIC's potential for saving money by pointing out that the health and nutrition services offered by that program cost only about $35 per month for each recipient compared with over $400 per day in hospitalization costs to care for the pregnancy complications, premature births, and birth defects which are frequently the result if these services are denied. A director of a Children and youth Project made a similar observation when she told us that hospitalization rates for those children enrolled in her program had been significantly reduced. Another director of a community health center said,

> It costs us to treat a child for a whole year on his feet what it costs for one day of hospitalization at the Medicaid rate.

The Impact on These Programs of Cuts in Federal Funding

We discovered that at the time of our visits, cuts in federal funding for these programs were already having an effect on services, ranging from the reduction or elimination of some special services ancillary to the medical component of the program, but nevertheless important, to the actual closing of some programs. We learned from the people we talked to that the major victims of these cuts were those patients who were not eligible for Medicaid, who have no other insurance, but who are too poor to pay for health care. According to them, as AFDC has been restricted, this has affected Medicaid eligibility and, as a result, the number of these "medically indigent", as they are called, has grown. Yet as federal funding for health care programs has been reduced, these administrators told us that the centers relying on that funding have been forced to turn these patients away or to raise the fees charged to them to a level beyond what they can afford.

Community Health Centers:

Some examples of the impact of these cuts on the community health centers we visited:

-The director of a community health center told us that his staff had been reduced from 178 to 110. This has led to long waits for registration and appointments. Pediatric outreach programs which used to go into the schools and into headstart and daycare centers have been completely cut out. Psychological and dental services have been significantly reduced, and there have been cuts in family planning services for teenagers.

-At another community health center, fees charges to uninsured patients have been raised to offset cuts in funding. Due to staffing cuts there is now a 3-4 month wait for dental appointments, up from a two week waiting period. Speech and hearing services have now been reduced so that 40% of the children who need speech and hearing screenings are now unable to obtain them. The full-time nutritionist at the site has been eliminated and the social work staff has been reduced from four workers to one. In general, the director of the center felt that these cuts had greatly affected the efficiency of her staff especially in handling such crucial tasks as scheduling, reception and medical records.

-At yet another community health center, reductions in Sec. 330 funds have caused the center to eliminate all home visits, to close the center on Saturdays, and to lay off a dozen medical assistants and secretaries. The reductions in staff have led to longer waits for appointments. Lastly, the center has been forced to raise fees for their uninsured patients.

We learned that similar reductions, and changes in policy toward the medically indigent, have occurred in the other community health centers. According to officials at the Department of Health and Human Services, at least in major part because of the cuts in Sec. 330 funds, several community health centers have been completely defunded. Where those centers have also received Title V funds for Children and Youth Projects, they have managed to remain open by greatly reducing services. However, for other centers not receiving these C & Y funds, the elimination of Sec. 330 support has had a far more serious impact. One center in Brooklyn has now closed entirely and another is in danger of closing in the near future. Most of the directors we spoke to fear that many more centers will be forced to close if there are any further reductions in Sec. 330 funding.

Children and Youth Projects

We were told at the C & Y Projects we visited that reductions in their federal funding have had a similar impact. At one C & Y Project, the director has been forced to begin collecting fees from the medically indigent to make up for the cuts in federal funding. These "borderline patients" face real difficulty finding the money to pay for the services. In the words of this director,

> The cutbacks are really penalizing those who get off their butts and work - they're the ones who are really being hurt.

This director went on to say that although the project's overall budget has remained relatively constant, the project has been forced to rely more heavily on Medicaid because of the cuts in C & Y funding. Yet this has occurred at a time when, because of new restrictions in welfare eligibility, more people are losing Medicaid. This director worried that as the demand of those who lose Medicaid but are too poor to pay increases, the capacity of the C & Y Projects to serve them will decrease.

Another C & Y Project director outlined similar concerns. Fees are now being charged to those not covered by Medicaid. Because many of these patients cannot afford to pay the new fees, they are not coming in for the full spectrum of preventive services. There have been reductions in services at this center too. For example, before the cuts were made, a community outreach team of a doctor and health worker visited schools and day care centers to provide services to children. Now this effort can no longer be made.

One C & Y Project has been forced to close because of the cuts and two others are likely to close if further reductions in Title V funding occur.

Women, Infants and Children Program

While the WIC Programs we visited have not fared as badly in the first round of budget cuts as have the community health centers and the C & Y Projects, we were told that there is tremendous fear about the effects of the cuts in WIC funding being proposed by the Administration in FY '83, and the proposal to fold the WIC Program into the Maternal and Child Health block grant. The WIC administrators we spoke to pointed out that the WIC Program, even at current levels of funding, only serves an estimated 33% of those pregnant women and children who are eligible for the program. They fear that if cuts are made this year, eligibility for the program will have to be made more restrictive, and that many special services will have to be eliminated.

The Impact of These Cuts on Children and Their Families

The anguish over the impact on patients of these reductions, was apparent when we talked to staff. Their primary concerns seemed to be the effect of changes in eligibility on the medically indigent, and the long-term costs, both in human and financial terms, of denying primary and preventive health care to poor children.

Many staff members worried that as waits for registration and appointments occur as a result of staffing reductions, those delays will act as a disincentive for poor mothers to bring their children in not only for preventive care but also in the early stages of an illness when the child can easily be treated at relatively low cost. They also worried that the same disincentives will occur as centers are forced to tighten eligibility and raise the fees charged to the medically indigent. As one director of a C & Y Project put it,

> "If we can't treat them because of reduced funds or if we have to impose a higher fee, then they come in later and later and the probability that they would have to be admitted to the hospital would be that much greater and with a much more serious illness. We're seeing this right now because there are people whose income is so much less than it was before, we're seeing children who are coming in when they are really sick...

The directors of the community health centers, in particular, cited the dual effects of an increase in the numbers of medically indigent, and their own reduced ability to serve them, as one of the major tragedies of the recent budget cuts. They pointed to the stress their centers placed on comprehensive health care and on continuity of care as the ingredients of their success in preventing health problems among children in these medically indigent families. By comprehensive health care they mean the provision of a broad range of services to treat the child, and the family as a whole. By continuity of care they mean the organization of a clinic so that a patient sees the same doctor or health professional and develops a relationship with that person.

Yet the tragedy, as they pointed out to us, is that more and more of these medically indigent patients, who may have lost Medicaid benefits and who are unable to pay the increased fees at these health centers, will be forced to rely on the municipal hospitals for their primary health care. As a recent report issued by Carol Bellamy demonstrated, most of the outpatient departments of these hospitals are ill equipped to handle the increased volume, are already seriously overburdened, and are simply not designed to offer the very ingredients of comprehensiveness and continuity of care that have enabled the C & Y projects, community health centers and other programs we visited to be so cost effective.

As one director of a C & Y Project lamented,

> I'm afraid the whole comprehensive medicine idea will just be lost. There won't be a savings of money - more will be spent and it will be spent differently - it will be spent on hospital care.

The Impact on Patients of Cuts in Other Assistance Programs

Several of the administrators we spoke to expressed their concern that the effects of cuts in health care programs will be compounded by the cuts in other income and nutrition programs. In one breath, an administrator told us about reductions in health services at his center and, at the same time, about the increased health problems they were seeing as a result of the cuts in other assistance programs which make the need for those health services that much more critical.

> What I'm finding is that right now, more infants are being fed evaporated milk rather than formula.

Another director cited an increased demand for WIC because of cuts in food stamps. A staff member at one of the sites lamented,

> I can't handle it when a mother comes in and says she has run out of food stamps and doesn't have any money. I can't give her money but if I have some milk around I can give her that. There is a definite increase in this over the past few months. People come in and they say "help me because they cut back my food stamps."

Several workers expressed concern that these cutbacks will lead to an increase in infant anemia and other health problems.

It is too early yet to know the extent of the impact of what was done last year in cutting funding for these health care programs. However, the preliminary accounts given us by those we spoke to, as described in this report, are grim ones.

The majority of our interviews were with administrators of these programs. We hope to have the opportunity in the near future to speak with some of their patients about their own first hand experiences, not only with cuts in services at these sites, but with cuts in the other assistance programs upon which they rely. We will continue to demonstrate our concern as private citizens by returning to these sites, by speaking with patients as well as staff, and by sharing what we learn with our elected representatives.

II. DAY CARE

FISCAL YEAR 1982 FEDERAL BUDGET CUTS IN DAY CARE

In New York City there are currently 75,370 children served in day care programs. Approximately 50,000 of these are served by publicly funded programs, including both group centers and family day care. The large majority of the families using public day care are single-parent families of low or moderate income with one or two children in day care.

Several major federal child care programs were amended by the 1981 Omnibus Budget Reconciliation Act, with significant impact on the care provided New York City children living in poor working families or whose parents are in school or training programs. Cuts in the following programs had the greatest effect on the operations of the day care centers CCC visited and on the children whose parents we spoke to.

Title XX of the Social Security Act, which subsidizes care in licensed centers and homes for low and moderate income children. The 1981 cuts reduced funding from $3.1 billion to $2.4 billion (25% cut) nationally and eliminated a special $200 million amount earmarked for child care. Also eliminated was the requirement that states match $1 for every $3 in federal Title XX funds. New York State experienced a 13% reduction in Title XX funding for day care from 1981 levels. New York City absorbed 93% of this $20.4 million state reduction, or $18.9 million.

The Child Care Food Program, of the United States Department of Agriculture reimburses child care centers, family day care homes, and after-school and head start programs for meals and snacks. The 1981 cuts reduced this program by approximately 20% across the board. Among the major changes are the following:

-Reduction in the number of meal types for which a program may be reimbursed (from three meals and two snacks to two meals and one snack.)

-Reduction of 10% in payment rates for meals and snacks served in family day care homes and lower reimbursement rates for all types of meals and supplements.

-Termination of Food Service Equipment Assistance which was used to purchase and maintain kitchen equipment used to implement the food program.

-More stringent application procedures which require applicants for free and reduced price meals to provide the Social Security numbers of all adult members of the household on the application.

The AFDC Child Care Disregard, which compensates working AFDC mothers for their child care expenses, was limited to $160 per month per child. Previously, the full cost of child care for a working AFDC mother was disregarded from her income.

The Comprehensive Employment and Training Act (CETA), which provided child care programs with thousands of child care workers, secretaries and bookkeepers under its Public Service Employment component, was completely eliminated.

In response to the day care funding crisis which these federal cuts engendered, both New York State and City took various measures to keep day care centers open.

New York City committed $17.9 million in city tax levy funds to compensate for the $18.9 million in lost Title XX money. New York State, in order to offset lost federal revenues, instituted a new and higher day care fee scale and restricted eligiblity for public day care services, as follows:

-The fee-entry income level was lowered, which means that families must begin to pay fees at a lower income level than previously required. This threshhold was lowered for all family sizes.

-The fee itself was increased by $1-$5 per week for all income levels.

-Second-child fees were instituted, as contrasted to the flat family fee which had been charged previously.

-The income eligibility level was lowered for all family sizes, resulting in a more restrictive admissions criterion for public day care.

IMPACT OF BUDGET CUTS ON DAY CARE IN NEW YORK CITY

CCC volunteers visited a number of publicly-funded day care programs throughout the City in order to ascertain the extent and impact of these Federal and State changes on the ability of programs and centers to continue to provide quality services to the children who are enrolled. Parents, teachers and center directors were interviewed. The following budgetary and regulatory changes were found to have the most serious consequences for parents and their children.

Increase in Fees and More Restrictive Eligibility Standards

CCC monitors all reported that these two changes have had the most impact on parents' ability to maintain their children in day care. It was found that families that had just managed to lift themselves above the poverty line are now finding that they have lifted themselves above the maximum income eligibility levels for day care as well.

Mothers spoke of the new fee scale:

> -It feels like a double assault after I lost my food stamps too.
>
> -I now have to pay a family fee for my two children. If one of them is sick, I still have to pay the full family fee. Before, I only paid if both children really were there.

Day care directors described the impact of the raise in fees:

> -Parents are being squeezed
>
> -Few mothers will quit their jobs when they can't afford day care centers. They'll make other child care arrangements that aren't as good for their kids.
>
> -Many of our mothers have just gotten off welfare, and the availability of low-cost day care was one of the key factors enabling them to take this step. Draw your own conclusions about what will happen when they have to pay fees they can't afford.

The new eligibility regulations also came in for a large share of comment from parents and directors. One director said,

> Families who are no longer eligible for the center cannot afford private day care so they will hire sitters, to the obvious disadvantage of the children.

One mother, with two children aged 5 and 3 works as a secretary. She just recently moved the baby from family day care to the center, but has now been determined ineligible because she is $5 over the maximum. She had paid a fee of $40 per week for the two children, now she will have to pay $80. She wondered "Is there any point in working?"

Another mother lamented,

> Now only students enrolled in two-year colleges are eligible for day care; I'm in a four-year college so my kids may lose their day care. I always was told it was good to get my education. I can't understand why they would do this.

A director described the situation that arose when families became ineligible for day care programs in the middle of the year because of the new rules. We talked with a young woman who had experienced this problem. She has an older child, now in school, who had attended the center. She now has a kindergartner enrolled. This mother was declared ineligible in the middle of the year and told us,

> It disrupted my whole family. I would have to pay a $40 fee here and for a babysitter for the 10 year old after school. I work for a large corporation and they agreed to cancel my increase for the time being and pay it at the end of the year so that I could remain eligible.

Even more troubling to many center teachers and directors is that newly ineligible and financially strapped parents are resorting to sub-standard, unlicensed, and unsupervised day care. They told us that no quality alternatives to public day care exist for these families. "Day care available" signs have been seen in store fronts all over the Bushwick section of Brooklyn. Directors reported that children are being crowded into unsuitable, unlicensed facilities which are both unsafe and illegal and CCC monitors heard that such arrangements are increasing.

Private arrangements are usually more expensive and were frequently found by parents to be unsatisfactory due to lack of reliability. Among the more frightening developments CCC volunteers learned about was the increase in the number of "latch-key" children, children who return from school alone to an empty home. Moreover, these older children are being asked by their parents to provide day care for younger siblings. One parent told of having no alternative but to leave her ten year old home alone and responsible for the care of her infant sister until she returned from work. One mother described the problem with finding day care for half the day for her 5 year old who attends kindergarten in public school. Her child is in school for only 3 hours a day; other arrangements must be made for the other 6 hours she is at work. Various mothers resorted to private custodial care, while others had to ask their older children to watch the 5 year old until they got home.

Sad stories of how the eligibility and fee changes affect individual families were common and a few are presented below:

> -One mother we talked to is a single parent with two children at the day care center. One child is enrolled full time and the other is in the after-school program. She used to pay $14 per week but is now paying $41. She cannot afford things like new shoes and trips to the dentist. Her medical bills are piling up. She goes to school at night in a continuing effort to better herself.

She fears she will no longer be eligible for the center after July unless she "can work something out" with her employer. She does have an elderly father and a stepmother and she said that rather than give up her job she would ask them to babysit, but that would be a last resort.

-Another mother was more desperate - she has one child at the center for whom she pays a weekly fee of $41, an increase of $5 over the old rate. She is a single working parent who is not on public assistance of any kind. Although she has received a raise in salary she finds she must dip into her grocery money to pay the day care fee. In addition, she fears that the new eligibility requirements will disqualify her for service. She expressed great fear and frustration about her situation since she has no family to help her out. In her own words "what do they want us to do, go back on welfare?"

-Her despair was echoed by another mother who said, "You know we pay taxes too" as she described her fear of her day care center closing, her frustration at the red tape and her anger at the increased fees, higher eligibility standards and cuts in funds for the operation of the center.

United States Department of Agriculture (USDA) Cutbacks

CCC monitors found that USDA cuts have hurt almost every center we visited. Directors and parents repeatedly lamented the loss of USDA subsidies and the effects these have had on the kind of food programs they are able to run and on the children's nutritional health. Many staff felt that damage to the children's health and development was virtually guaranteed under the new conditions.

Directors reported:

> -Bread and butter can no longer be served with meals that also contain another starch and we can no longer serve from the four food groups at every meal.
>
> -The 3:00 snack has been eliminated, and this was a very important one for our children. The center is open until 6:00 and many children must wait a long time until they get supper.
>
> -We've lost all funding for our cook and cook's helper, and there is no more USDA money to repair kitchen equipment.
>
> -We used to rely on CETA workers (Comprehensive Employment and Training Act) to help with the food program, but now that's totally eliminated.
>
> -The per meal dollar allocation has been lowered, so we were forced to cut out one or two snacks, and we also have been forced to limit the quantity and variety of food we serve.

Parents were concerned:

> -The cut of the snack was bad, many children don't eat dinner 'til late and needed it.
>
> -What about the mothers who can't provide good food at home for their kids? I know of some children who get almost their total daily food at the center.

Center Staff and Operating Reductions

Day care center staffs were seriously cut during the 1975-1976 New York City fiscal crisis. In 1981 came the complete elimination of CETA, bringing a reduction in staff to many centers that were already only marginally staffed. Totally eliminated in many centers, along with CETA workers, were family counselors, nurses, doctors and students from vocational training programs. In one center, janitors, cooks and bookkeepers have been reduced to part-time, and the director described this solution as "typical."

In many centers a doctor or nurse used to visit the center on a regular basis, and CCC monitors heard parents repeatedly describe instances of learning difficulties and health problems of their children which had been spotted by these center personnel. Mothers we talked to now have to take their children elsewhere for immunizations and pre-admission examinations. We spoke with one mother who described the new problems this presents,

> I have to take a day off from work in order to take care of my child's health problems. I'm in trouble on my job because I have to take off for this.

Directors told us that hers was a common situation.

"Staff morale is very low" one director noted. The salaries that day care centers are able to pay are uncompetitive. One director described a situation in which 7 of 14 staff members had left to go to public schools because the pay is better. Another director said,

> The only people interested in our positions are recent college graduates, who are inexperienced, but even if we hire them, turnover is high because salaries are so low.

CCC found that reductions in center staff have had other, more subtle effects. One troubled director told of children with special emotional and physical problems who have to be turned away from the center because a depleted staff can no longer care for these more difficult and demanding children. This director also told of one instance where children were placed in foster care because there was no help available at the center -- neither assistance for the child nor counseling or referral for the family. Many directors pointed out how valuable day care has been in the early identification of and intervention in family problems. They reported that,

> These services are no longer available and such a function can no longer be served.

Staff and directors of centers were fearful of further limitations on their capacity to run programs that meet minimum standards. A director stated that,

> We are down to the bare bones and the only place left to cut would be staff, and that would jeapordize compliance with regulations.

Each center we visited has been forced to make decisions about priorities. Arts and crafts supplies are either provided by parents or are missing. Parents are increasingly being asked to provide basic materials like paper plates, and in one center parents launder the sheets. There is no money for upgrading existing materials or purchasing new equipment. "When a phonograph breaks, it's gone" said one director. Another director reported that she could budget only $1850 in FY'82 for basic maintenance and repair, including playground, plumbing, roofing and breakage, and this is a center that serves 175 families.

Day care truly reflects a society's investment in families, because it provides assistance and enrichment to both parents and children. It allows parents, in most cases mothers, to work or to pursue vocational training and education while providing a sound educational and nurturing environment for children. The federal actions to eliminate fiscal support for day care have begun to undermine New York City's ability to make work a viable possibility for low-income and AFDC mothers. CCC hopes to return to the centers we visited to find out the full effects of the cuts on the continued availability of day care for poor families and thus on the continued participation of single mothers in the labor force.

III. AFDC RECIPIENTS

FISCAL YEAR 1982 FEDERAL BUDGET CUTS IN AFDC AND FOOD STAMPS

Aid to Families with Dependent Children is the nation's basic public assistance program for children, usually the children of single parent families. Of the 11.1 million recipients of AFDC, 7.6 million or 69% are children. In New York City, 490,234 children are on AFDC.

Federal funds for the $7 billion dollar AFDC Program were cut by slightly over $1 billion in FY 1982. Congress enacted a wide range of measures which restricted eligibility and reduced benefits, largely for those AFDC recipients who are working but whose low wages required supplemental assistance from AFDC. Among the changes are:

- AFDC eligibility was limited to those families whose income exceeds 150 percent of their state's standard of need. States determine their own standards of need which are supposed to represent the amount of income needed to meet basic needs. The work incentives in AFDC allow working families to get a partial AFDC grant and still keep earned income so that their total income can exceed the standard of need. New York State, like all other states, bases its standard of need on outdated cost of living figures (in New York State the standard of need is largely based on 1969-1970 cost of living figures) which means that the standard of need falls far below the poverty guidelines. Therefore, this 150% cap will make many truly needy families ineligible for AFDC.

- The "disregards" which are applied to earned income before AFDC benefits are calculated were reduced. Now the amount families can claim as work expenses is capped at $160 per month for child care expenses and $75 per month for other work-related expenses, even where a working mother's actual work-related expenses exceed those figures. The $30 and 1/3 work incentives which allowed recipients to keep the first $30, and 1/3rd of the remainder of their earned income before AFDC benefits were calculated, is now based on net instead of gross income. The $30 and 1/3rd disregard is also now only available for the first four months of employment. After that, a recipient's AFDC grant is reduced dollar-for-dollar for every dollar earned (except for the work expense and child care disregards.)

-AFDC eligibility was limited for students aged 18 to 21 so that now only those 18 year olds who are expected to complete high school or a vocational program by their 19th birthday are eligible.

In New York City, it is estimated that approximately [illegible]0% of the AFDC caseload, or [illegible]5,000 families, will have their benefits either reduced or eliminated. In May, at the time of our monitoring visits, New York State had deferred implementation of some of the eligibility changes (full implementation must be accomplished by October 1st, 1982). While the changes on the $30 and 1/3rd work incentive were implemented last winter, the four month period during which AFDC recipients were still eligible for the work incentive was not due to end until June 1st. Thus, it was clear to us at the time of our visits in May that it was too early to learn of the full impact on clients of these changes in eligibility.

Another program upon which AFDC recipients rely for basic assistance is the Food Stamp Program. Currently, the program provides benefits to 22 million low-income Americans. Approximately half of these recipients are children. In New York City, 495,000 low-income households receive food stamps.

Last year, Congress made sweeping cuts in funding for the Food Stamp Program totaling $2.35 billion in FY 1982 and nearly $7 billion over the three-year period from FY 1982 to FY 1984. As a result of these budget cuts, nearly all recipients are either being terminated from the program or are receiving smaller benefits than they would have under the old law. And, again, the harshest provisions will reduce benefits for the working poor, including AFDC recipients who are employed.

Among the changes in eligibility which were enacted are:

> -The annual cost-of-living adjustment, normally made each January to reflect increases in food prices, was postponed until the following October.
>
> -Food Stamp income limits were lowered for the third time in the last three years. Families with incomes between 130 and 150 percent of the poverty line (largely the working poor) who were eligible for the program will now be terminated.
>
> -The earned income deduction which working recipients are permitted to deduct from their income for work-related expenses has been reduced from 20% of earnings to 18%. This will result in a decrease in benefits for all working AFDC families.

In New York City, 7,000 households have been terminated from the program, due primarily to the reduction in the gross income levels. 56,343 households had their benefits reduced because of the reductions in the earned income disregard. Lastly, 495,000 households, the entire New York City caseload, will have their benefit levels frozen because of the postponement of the cost-of-living adjustment.

IMPACT OF BUDGET CUTS ON AFDC RECIPIENTS

CCC monitors visited a number of income maintenance centers (IM centers) in the four largest boroughs of New York City. We spoke with directors, with staff and with recipients. We also spoke with staff at a legal aid office, at several employment and training programs, and at several crisis intervention and resource centers.

Impact of the Reduction in AFDC Work Incentives

What we learned was that those just struggling to get off the welfare rolls were the hardest hit by the cuts made in AFDC, and in Food Stamps. We were told by recipients that because of the loss of work incentives they now faced the difficult choice of either continuing to work, thereby losing basic benefits for their children, or returning to a total reliance on welfare. One recipient told us,

> I want to get off welfare. I'm glad I'm working but I don't earn very much money. Now I'm told that because I work I may lose benefits for my kids. What do they want me to do? I'm trying the best I can.

A director of an IM Center, referring to the new rule limiting the $30 and 1/3 earned income disregard to the first four months of employment told us,

> I can't understand how they could think that after four months of employment somehow, magically, a working AFDC mother's circumstances would so change that she would be able to handle such a major reduction in her income. To the contrary, I fear that many of these mothers will be forced to quit their jobs.

Another disincentive to work, in the view of the directors we spoke to, is the new ceiling on the work expense disregard and the disregard available for day care.

One director of a center said,

> I think the new flat $75 work expense disregard is unrealistic. For example, in many areas of the city two and possibly three fares are needed to get to work.

The rise in day care fees and the limit on the deduction allowed for day care expenses was also predicted to have an adverse effect on women who are trying to work.

Because of these disincentives, many directors worried that the federal cuts will not save money in the long run, but instead will lead to increases in AFDC costs as AFDC mothers, faced with a loss in basic benefits, choose to return to a total reliance on welfare.

CCC monitors were told that the cuts had also resulted in higher state costs because of an increase in the number of recipients on Home Relief, the state-funded public assistance program. One director said that his center had already experienced a significant increase in Home Relief cases which now represented 40% of that center's caseload. This increase is largely due, according to this director, to the change in AFDC eligibility for 18 to 21 year olds. These young people, made ineligible for AFDC because of this change and not able to find employment, are now going on Home Relief.

Impact of Cuts in Training and Employment Programs

CCC monitors were also told that the effects of the new disincentives for work and the changes in eligibility for young people were compounded by drastic reductions in funding for job training programs. Directors at the IM centers worried that these cuts would cost more in the long run, not only because those recipients lucky enough to find employment might now be forced by the new rules to return to a complete reliance on AFDC, but also because reductions in employment and training programs would make it that much more difficult for AFDC recipients and young people to acquire the necessary skills to find employment in the first place.

CCC visitors who spoke with employment, guidance and training personnel were told that many trade school programs, funded by federal CETA money, are expected to close. Cuts in federal funds have caused losses in staff and in services. We were told about a major appliance repair school, formerly with a capacity for 40 to 45 trainees which has been forced to cut its enrollment down to 20. In a jewelry trade school which had a capacity for 100 trainees, current enrollment was expected to be only 20 this summer.

In talking about her training program, one supervisor reported a high rate of placement for their graduates. She described the recent graduation of a woman student with particular pride. The student had worked very hard, developed new skills and was successfully placed in a job that would eventually enable her to get off welfare. She regretted the fact that because of the cuts, her program would now be able to help far fewer trainees.

CCC monitors visited TAP centers (Training, Assessment and Placement Centers) which screen young people for training programs and which receive federal funding. Because of drastic cuts in support, these centers have already experienced staffing cuts and this has led to a reduction in the number of placements of young people they are able to make in training programs and in ESL (English as a Second Language) classes. The directors of these centers expressed the same concern as did the directors of the income maintenance centers we spoke to, when they lamented that with the recent cuts,

> Not only are AFDC mothers discouraged from working because of the loss of benefits but fewer and fewer recipients will have the opportunity to train for employment.

The result, they fear, will be increased AFDC costs. Several of the directors we spoke to cited the relatively small investment in funds for these job training programs when compared with the costs to the government of providing income support to the unskilled who are unable to find employment. In the words of one director,

> Like a food program of dollars for pots and pans, cuts in training programs which may seem small to bureaucrats in Washington, make a difference between living with pride or living with hunger.

Parents without jobs, young people without training for jobs and 16-18 year old drop-outs from the school system fall into a category which one worker called,

> The truly disadvantaged population...who will just be on the street - they have nowhere to go but on to Home Relief and AFDC.

She added that even some young people who are over 17, and in school, are now being removed from their mother's AFDC budget because of the changes in eligibility.

Increased Stress on Families - The Indirect Effects of the Budget Cuts

We made one last, particularly poignant discovery. Over and above the direct effects of the cuts in assistance programs, many directors of Income Maintenance centers and others who represent recipients spoke again and again of the fear, rage, anguish and confusion which have been caused by the changes. In some cases, this confusion may have caused recipients to lose benefits for which they were still entitled even under the new rules. For example, we were told that during the same period from May, 1981 to February, 1982, 49,000 households stopped receiving food stamps, but only 5,700 households were officially terminated from food stamps because of the budget cuts. Analysts attribute this disparity, among other factors, to confusion over food stamp eligibility. Many elderly and working poor, in particular, hearing reports in the media that they were the focus of cuts in the Food Stamp Program, did not come in for their regular reviews assuming that they would be cut from the program.

According to the workers we spoke to, other recipients have suffered terribly from anxiety over the cuts in the benefit programs upon which they rely. Legal aid attorneys in particular, told us they have seen this effect on families. One attorney, in talking about his clients, said,

> Life is now a pressure cooker. Take a mother making $100 a week. Because of the change in the work disregards, she is no longer eligible for a number of services. Her employment no longer gives her a financial benefit yet she thinks welfare is "the pits."

These attorneys also spoke of the increase in the break-up of families. In many cases, there is an increase in child abuse caused by the added stress on these families. One attorney described a vicious cycle of family dissolution which he has seen again and again in recent months,

> A woman leaves her husband because he abuses the children and tries to support her children on her own. She then finds she can't make ends meet on the assistance available to her. Because she is unable to support her children, charges of neglect often follow and the children are then placed in foster care. Once that happens it is very difficult for the natural mother to demonstrate that she is able to care for them in order to get them back. The mother may want the child back and be able to give it love but first she needs a crib -- no crib, no child. The child then suffers the trauma of being separated from the mother and being placed in a foster home, and the government bears the higher cost of caring for that child in foster care.

This last observation was also made by an AFDC mother we spoke to who put it this way,

> If I put my child in foster care someone will get $240 - $300 per month to care for one child. I get $155.60 twice a month for my whole family.

Monitors also visited publicly-funded crisis intervention centers which provide emergency services to families in crisis. Staff at the centers also cited the increased stress on families. They named the lack of affordable, decent housing as the number one problem and expressed concern about the cuts for low-income housing enacted last year. According to one worker,

> Poor families are frequently dislocated and often have to double up in order to have a place to stay. The Building Department condemns buildings but fails to help families relocate. Families are often shifted back and forth from welfare hotels to temporary shelters.

Another worker told us that because of the federal cuts made last year, the welfare offices were forced to eliminate a department they used to operate which assisted families in finding housing. "Now there is nowhere for these families to go for help."

A social worker at a therapeutic nursery we visited expressed similar concern over the stresses placed on young mothers who are never sure from one month to the next whether they will have to move,

> Often, when they are forced to move, it is to isolated neighborhoods far from the support system of family and friends upon which these young mothers rely. Unable to afford the transportation expenses to return to their family neighborhoods, and faced with the difficulty of supporting their children on an inadequate income, they become so lonely and scared that their children often become victims of child abuse. This dislocation has also interrupted the treatment of young mothers who are participating in our therapeutic program. Once they are forced to move away, they are no longer able to afford the cost of traveling to our hospital.

Staff at the crisis intervention programs we visited also told us that cuts in food stamps and AFDC have led to an increased demand for assistance at the emergency food centers, a demand which these centers are having a hard time meeting. They have already seen more families coming in to ask for food because their food stamps have run out before the end of the month. One worker told us that when cheese was given out, there were long lines of people coming to them to ask where they could get the cheese.

One worker we spoke to summed up her feelings about the plight of the poor when she said,

> Social problems are being generated by something outside and all we are doing is picking up the pieces. We have been bandaging but now we don't have enough bandaids.

A Legal Aid director, speaking for his staff, said of their clients,

> We can't begin to describe the courage of most of these people under stress, with no hope for the future, frustration and hopelessness, less and less tolerance in the streets, abuse on the increase.

One CCC monitor's account of her discussion with two AFDC mothers sums up what all of our monitors learned,

> Both women pictured a life of constant stress. They are always seeking information and worried about money. They follow the news carefully for information about what will cause changes in their lives. Going from agency to agency, and troubleshooting mix-ups occupies much of their time. Both women are apprehensive about the budget cuts. They expect their rent to go up 75%, day care to be cut back or eliminated, WIC and Medicaid eligibility to be more strict, and their food stamp allotments to go down.
>
> Both women look on social services as a social investment -- a cheaper alternative for society than foster care, or jail or specialized care later on. Both seemed bitter that a foster care mother would get more money to take care of a child than the real mother could get.
>
> Both found disincentives to work built into the system. By adding to the family income, they could become ineligible for programs such as Medicaid which their children desparately need. By working they would end up losing money.

But perhaps most poignant was the picture of her clients lives painted by one of the crisis intervention workers we interviewed who said,

> A lot of our families are single parent. If they don't have the emotional nurturing of friends and family, they are not getting any of the symbolic nurturing of a stable food source, a stable source of income, a nice looking home...some of them live in disgusting, decrepit, dark basement apartments. They are neglecting their children's emotional needs because their own emotional needs are neglected...
>
> I wonder about the others...we at least get those who can pick up the phone...but I'm sure there are others whose situations are even more horrendous than the ones we see...
>
> I don't think people realize how truly grim poverty really is unless you are out there intertwining in people's lives. It is not realistic... you read in the paper, but it doesn't give you the true picture of how bad it really is...

We were told at some places we visited that we had come too soon - that the full extent of the cuts in public assistance which have already been made will not be felt until this fall. And still more drastic cuts are being considered in Congress for FY'83. We plan to return and learn more. We know that even worse news is yet to come.

PAWS PRE-SCHOOL ASSOCIATION, INC.
610 West 112th Street • New York, NY 10025 • (212) 866-6226

CHILD CARE INFORMATION SERVICES AT THE WORKPLACE

WRITTEN TESTIMONY FOR THE HOUSE SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

Prepared by:

Nancy Kolben
Director, Employers
and Child Care Project
Pre-School Association
Day Care Forum

Employers are finding they must respond to the needs and concerns of their working parents. The workforce has changed. Women's entry into the workforce has affected the traditional family. Child care is beginning to be viewed as a parenting concern affecting mothers and fathers when both of them are working.

The statistics are well known. In 1950 only one in eight mothers of pre-school children was working. In 1983 one in two is working. Even more startling is the fact that 46% of mothers with children under three are working. The trend is continuing. By 1990 experts project that 64% of mothers with young children will be working (Hofferth 1979; Golub 1982). Of those mothers at home, one in five indicate that they would enter the labor force if they could find affordable care.

This social revolution goes further. There has been an unprecedented increase in the number of single parent families -- nearly 50% of all children born today can expect to live in a single-parent household during some part of their childhood. In fact only 11.2 percent of American families fit the societal stereotype of the male breadwinner, with a wife at home caring for two children.

At the same time the increase in the cost of living makes it an economic necessity that both parents work to maintain a moderate living standard. According to the Bureau of Labor Statistics, a family of four needs $25,407 in income to afford the intermediate living standard. Child care expenses for a pre-school age child range between $3,000-$5,000 per year and have not been included in any of the Bureau of Labor Statistics family budgets.

Child care has become the need across our entire society. This is happening at a time when the baby boom generation of the 60's and 70's is at the peak of their childbearing years. Families are smaller but more families are having children. By 1990 there will be 23 million children under six in the population, up from 17.1 million in 1977.

Who is minding the children? In New York City as in every community across the country child care services are a complicated mix of center care, family day care and home care. There are publicly subsidized programs and independent centers, nursery schools, schools and after-school programs that depend on parent fees. These along with the uncounted baby-sitters and individual family day care mothers provide the care used by parents at every income levels. Families arrangements are complex, often involving several care options in a single day.

Parents at every income level need assistance in maneuvering through this maze. Child care information services assist parents in this process. They are recognized as an important mechanism to assure the optimal match between the supply and demand for child care.

Employers are beginning to understand how such a service can be valuable. Finding child care can be a difficult and time consuming experience. For the new parent it is a source of great distress. For the parent with the school-age child it is the stress of knowing what happens after 3:00 PM when school is over. Some have described it as "the 3:30 slowdown." Major employers who began tracking resignations learned that a number of their employees were resigning because they could not find child care. Parents have come to our information service, telling us that their three year old is home alone because they couldn't make adequate child care arrangements. While the perfect solution may not be available, parents need child care while they work. They want to know that they have made the best possible arrangement for their children. With the changed work force, it is now more difficult for employers to ignore work and family concerns.

A child care information service can serve as the bridge linking parents to services and helping them understand how to make a comprehensive search for care. A child care information service: 1) provides specific information to parents on child care options, 2) offers consultation to parents on selecting the most appropriate option to meet their families' needs, and 3) documents the parents' needs and preferences and problems that parents face in meeting them.

The Pre-School Association has operated a child care information service for the past 12 years. It is now city-wide and services the five boroughs of

New York City. We maintain information on more than 1700 programs. By spring of 1984 we will respond to 4,000 parent calls per year. We expect this number to continue increasing as the importance of child care information services are recognized. Inadequate funding, not lack of demand, has kept us small. A brief mention in the Daily News produced a flood of over 75 calls in two days. Our outreach to employers represents an important new source of funds to support child care information and an exciting arena in which to provide services.

The Pre-School Association launched its Corporate and Union Membership programs in January, 1983. Fees for our service are based on the size of the workforce, and the per-employee charge decreases as the size of the workforce increases. For example, for a workforce of 1,000 the annual cost is $1,750 increasing to $4,000 for a workforce of 3,000. Any employee can call us as often as they need to. We will consult with them and mail them appropriate written materials. We keep careful records on each call and follow-up with each parent to find out if they made a satisfactory arrangement and to learn about how to make our services more responsive to parents' needs. From these two records we can document the following:

Intake:

Employee data -- work location, sex, age of children and family size, eligibility for public subsidy.

Follow-Up:

Outcomes and evaluation of current care
How care was located
Use of subsidies and the Child Care Tax Credit

This aggregate information is provided in summary from to the employer on a semi-annual basis. Parents at the workplace are using our service both for immediate needs, unexpected problems and for longer range planning of projected changes in child care. As children grow older their needs change and parental arrangements must change to meet these needs.

We began a contract with International Paper four and one-half months ago. Our first contract has prompted other employers to move toward completion of an agreement with us. The Pre-School Association expects to have at least three contracts operational by the end of 1983 and can forsee starting four to eight more in the following year. Since several of those under active consideration are major employers or unions in New York City, each new contract will present a substantial increase in service.

a substantial increase in service.

Through our Employers and Child Care Project, the Pre-School Association has had a leading role in developing employer supports for child care in New York City. Our extensive contacts with more than 60 employers in New York has convinced us that employers will begin modestly. Information services represent an important beginning. They provide an important service to employees and can begin to document for the employer the difficulties that parents face in making child care arrangements for children of all ages. Since we are in contact with national and multi-national corporations in New York City, many are interested in developing a company wide policy on child care. This means that they will be looking for child care information services in each of the cities where they have employees.

Many major cities have child care information services in place -- most are struggling to maintain their funding. Many will need to look toward larger metropolitan areas to respond to the needs of parents who commute to work. Here in New York City, we are developing a service network incorporating information services in metropolitan area. While Rockland, Nassau and Westchester are well serviced, Connecticut and New Jersey have sparser coverage.

Child care information services will need to expand across the country. This will require funds for both start-up and ongoing supports. Employers represent one avenue of partial funding but government needs to be sure that the core service is in place. For this reason the Pre-School Association and the Day Care Forum strongly supports HR2242: The Child Care Information and Referral Act.

Services are moving rapidly toward computerization. There is an opportunity to develop standards for data collection and reporting that can provide aggregate data from several communities and across industries. To do this will require funding and technical expertise.

It must be remembered that information is not a substitute for expanded services both must move in tandem. We work closely with the provider community to translate the needs of parents. Information services can identify parent preferences and help to design the system appropriate to their needs. Services must be of high quality and affordable to parents regardless of income level.

STATEMENT OF DR. VINCENT J. FONTANA, CHAIRMAN, MAYOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT

Continuing Child Abuse Crisis

A well-known study issued by the National Center on Child Abuse and Neglect reports that over 1,000,000 children a year are abused or neglected in the United States. Official reports of child maltreatment have steadily increased during the last decade. In New York State, the number of children reported as abused or neglected doubled between 1973 and 1983, from 60,000 to over 120, 000 during the last ten years. The average annual increase is apporximately 7% to 10%.

A disproportionate number of New York City children die from abuse and neglect. Approximately one third of the children reported as abused or neglected in the State live in New York City, but approximately two-thirds of the children who die from maltreatment are New York City children. The annual toll of deaths in the state, following a drop immediately after the enactment of the Child Protective Services Act of 1973, has remained consistent: about 100 children a year continue to die from child maltreatment.

Although we need to continue our efforts to improve the quality of child protective services, we must also recognize the limitations inherent in reporting and reactive intervention. Our current approach to protecting children from abuse and neglect centers on reporting, which is dependent upon someone noticing that a child shows signs of possible maltreatment, and investigation, which is dependent upon someone reporting what they have noticed. Although official reports have increased enormously in the last decade, we are still not reaching all of the children who need help; the continued deaths of children is evidence of this failure.

We must confront the fact that even the most perfect reporting and investigation system possible may never be able to reach all of the children who need protection. Some children will never be detected in time because parents can hide the reality of child maltreatment. Parents can learn how to avoid detection and the system through experience with it; this happens in all systems, and there is no reason to doubt that it is happening with the child protection system. But this does not make us helpless. There is a way.

Parental Self-Help

The answer has been in front of our eyes for sometime. The key to true prevention of child abuse and neglect is to encourage parents to seek help voluntarily before a child is harmed irrepairably or killed. Experience with various experimental treatment programs has shown that parents will seek help if properly encouraged and offered genuine non-punitive help. This approach builds on the internal motivation many abusing parents have to find a way out from the hurtful cycle of maltreatment. If these parents are reached, we can begin to close the gap in the protection obtained through the reporting-investigating system currently in place. Parents who are not reported can, in effect, learn to report themselves for help -- if the fear of punishment and retribution is lessened through supportive help designed to maintain the family.

Parents under stress which may lead to abuse frequently seek help indirectly to avoid the stigma associated with abusing and neglecting parents. They ask for help without disclosing the true nature of their problem or their own anxiety for the safety of their children. They seek help silently because they care about their children, they know a cry of pain when they heard it, they are afraid of their own impulses to harm their children, and they dimly recognize that they need outside help.

Such parents frequently turn to hospitals. Their requiest for help is hidden in a seemingly meaningless action. They take a healthy child to a hospital, claiming the child is sick and should be admitted for treatment, but the examining physician finds no health problems to warrant hospitalization. In the past, such parents would leave the child at a hospital, disappear for a few days, and then return to pick up the child. In effect, these parents are asking the hospital to take the child off their hands during a crisis because they fear they may harm the child. Unfortunately, these pleas for help are requently not understood, or,if they are, there is no procedure that allows the sought help to be given.

Indeed, under the hospital utilization procedures in effect to control Medicaid expenditures, admitting such a child may no longer be possible. Hospitals used to retain patients, especially children, for "social" rather than medical reasons, but this practice is now discouraged if not forbidden. When a child is deemed to have been kept in a hospital without a medical cause, Medicaid reimbursement is either denied or the daily rate is reduced from the hospital rate of about $200 per day to a boarder rate of about $40 per day. Hospitals, understandably, see themselves as "losing" money in such circumstances.

New York City's Islands of Safety Program

In October 1981, the Mayor's Task Force proposed to Mayor Koch the establishment of a community program to prevent child abuse and neglect. This program consisted of three components:

-- a series of crises nurseries located in various hospitals throughout the City

-- volunteer crisis information and referral centers located in the schools

-- a city-wide mass media campaign to encourage parents to seek help voluntarily before abuse occurs or worsens

Mayor Koch responded by establishing one pilot crisis nursery, located at the New York Foundling Hospital, and five schoo-based programs, located in one school district in each of the boroughs of the City. The purpose of the pilot programs is to demonstrate whether the Islands of Safety concept can work in New York City. The Mayor picked the site for the demonstration crisis nursery after the Health and Hospitals Corporation raised objections to instituting nurseries in the regular acute care hospitals under its jurisdiction. An additional purpose of the demonstration is to test whether there is any validity to some of these objections, including questions of cost and parental misuse of the program. Mayor Koch has committed himself to replication of the Islands of Safety if they are proven successful.

New York Foundling Crisis Nursery

The pilot crisis nursery at the New York Foundling Hospital was inagurated, by the Mayor and the City Council President, in early April 1982. The program is now over a year old and has proven that parents will use its services if they know about them. The program has operated under one handicap: the city-wide mass media campaign envisioned as essential to attracting parents has not yet been implemented. As a result, the daily utilization rate for the program is not as high as we want it to be and know it can be. Despite this handicap, 367 children were admitted to the Crisis Nursery during its first year in operation; an additional 78 children received services but were not admitted. The Crisis Nursery's Helpline received 2997 calls.

A basic operating assumption of the Crisis Nursery is the expectation that parents in stress or crisis may need relief to prevent child abuse or neglect. This assumption derives from the "stress model" of child maltreatment, which explains the causation of many child abuse and neglect cases as a result of frustration, extreme tension, and even dispair which is displaced from the crisis situation to the child. In some cases, the stress itself may stem from issues that are not directly related to the child. The presenting problems of the parents who have turned to the Crisis Nursery for help are in accord with this basic program assumption.

Slightly more than 34% of the cases involved parental fears of being unable to maintain self-control towards the child. Slightly more than one fourth (26%) of the parents experienced difficulty in controlling a child; most of these parents were trying to cope with hyperactive or acting-out children, including several whose children were setting fires. In almost one fifth (16%) of the cases, the parent was distressed over spanking or hitting a child because such a response was atypical or stronger than customary.

Perhaps as part of a developing national problem, approximately one fifth (18%) of the cases involved families who were undomiciled, a number of whose parents had refused to go to a shelter because of the low reputation or actual conditions in the shelter. For admission, there had to be an indication that a child could be endangered because of parental stress or crisis; the 18% reflects only those situations in which a case was opened. Other housing problems, including impending eviction, existed in 22% of the cases.

Various forms of inter-personal c-nflict were among the presenting problems of the families who came to the Crisis Nursery. In almost one fifth (18%) of the cases, family violence was a problem. Most of this violence was between the parents or a parent and a boyfriend. In several cases, however, it was between a parent and a grand-parent. In another large group of cases (23%), there was a significant family conflict or fighting that had not, at least yet, reached the level of overt violence.

Although the Crisis Nursery was designed to operate with an awareness that parents may be deterred from seeking help because of fears that their children would be taken away from them, we were surprised to discover that 15% of the parents came to the Crisis Nursery because they were actively seeking to have their children placed. Most had applied for placement but had been rejected.

Most of the children served by the program however, were not placed. A placement occurred in only 28% of the cases. About three fourths of the cases received services other than placement. Among the most frequent referrals were: counselling or therapy (51%); day care (20%); rehousing (16%);

welfare (13%); shelter or temporary living arrangements (11%); parent education programs (14%); homemaker services (8%); and employment or vocational services (4%).

The experience of the Crisis Nursery, during its first year in operation, demonstrated that the basic conept of the nursery as an "Island of Safety" is a practical and realistic approach to the prevention of child maltreatment, and that it can even work in a large City such as New York. It has proven that parents can be encouraged to seek help on their own, that parents will use such a program when they know about it, and that meaningful help can be provided to them in a non-threatening caring environment.

Conclusion

Our experience in New York City, coupled with the experiences of other programs throughout the United States, have demonstrated that child abuse can be prevented, that parents can be reached before seriously harming their children. We have laid the foundation for developing a new approach to protecting children from abuse and neglect. All programs that promote parental self-help, including crisis nurseries, drop-in-centers, crisis intervention services, and Parents Anomymous, can help us reach parents who are not being identified by the existing reporting and investigation system. The parent self-help approach is the best means we have of closing the gaps in this system. We can do nothing to restore life to the children who have died. A fitting memorial to them will be a renewed dedication to improving the protection of maltreated children in our nation. This improvement is a crying need for thousands of children and families, and it is our duty to offer them a means to escape the trap of child maltreatment.

STATE OF NEW YORK DEPARTMENT OF HEALTH
TOWER BUILDING • THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA • ALBANY, N.Y. 12237

DAVID AXELROD, M.D.
Commissioner

August 2, 1983

Ms. Judy Weiss
Research Assistant
House Select Committee on Children,
Youth and Families
House Annex 2, Room H2-385
Washington, D.C. 20515

Dear Ms. Weiss:

Several members of the New York State Nutrition Watch Committee recommended that their June 1982 report, Findings and Recommendations of the Nutrition Watch Committee, be submitted as additional testimony to the record of recent hearings sponsored by the House Select Committee on Children, Youth and Families.

The Nutrition Watch Committee was appointed by Governor Hugh L. Carey in 1981 to find ways to improve the nutritional status of state residents, especially children. After months of study, the Committee found that the problem of "...hunger is again on the rise in New York State..." in part because the federal government is turning back on its responsibility for eradicating hunger.

The Nutrition Watch Committee's report is a sobering analysis of the multiple causes and consequences of malnutrition:

- "The shortage of food -- both episodic and chronic -- in thousands of households throughout the state is an urgent problem that offends modern society's moral sensibilities and requires mobilization of its vast resources to address this threat."
- "Federal budget reductions -- in food stamp, school lunch and breakfast programs and the nutrition program for the elderly -- are an illusory savings because the long term effects of inadequate nutrition, and the resultant increase in expenditures of public health care dollars, will eliminate any short-term gain."
- "Attention to the immediate problem of hunger is no substitute for the development of realistic approaches for ameliorating the longer term effects of poor nutrition."
- "Investment of resources in proper nutrition is over the long run a most cost-effective measure."

- "It is the duty of federal officials to restore public confidence in food-aid programs and commit their energies to eliminating hunger in the United States."

As staff director for the Nutrition Watch Committee, I enclose their report as testimony for the record of the Select Committee's hearings on July 25, 1983.

Very truly yours,

Jo-Ann Lamphere

Jo-Ann Lamphere

JAL:cp
encl.

Findings and Recommendations of the Nutrition Watch Committee

Evangeline Gouletas-Carey
Co-Chairperson

Alan Pifer, President
Carnegie Corporation of New York
Co-Chairperson

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

HUGH L. CAREY
GOVERNOR

To most of us, hunger seems a distant concern, an issue that afflicts underdeveloped and poor nations more than wealthy societies like our own. Yet, the problems of hunger remain a reality in the lives of thousands of New Yorker's and, indeed, the entire country. In fact, the threat of hunger is in increasing one for many of our most vulnerable citizens.

Six months ago I appointed a Committee, the Nutrition Watch, because I believed that the economic recession and cuts in federal food programs were jeopardizing the nutritional status of New York State residents. I asked the Committee, chaired by Mrs. Evangeline Gouletas-Carey and Alan Pifer, President of the Carnegie Corporation of New York, to assess the extent of hunger in the State, to determine the effectiveness of federal food programs, to design a nutritional monitoring system, and to examine the effectiveness of nutrition education programs.

The Nutrition Watch Committee concluded its study in June and issued this report of its findings and recommendations. The report is a timely and sobering document whose reading I commend to you.

The elimination of hunger and promotion of the nutritional well-being of all persons in New York State are objectives of the highest importance. The vitality of our State and the optimal development of our human resources depends on meeting these objectives. A renewed public commitment is required.

Hugh L. Carey

NUTRITION WATCH COMMITTEE

Nancy Amidei, Director
Food Research and Action Center

Encarnacion Padilla Armas
Member, Governor's Advisory Committee
To The NYS Office For The Aging

Jorge L. Batista, President
Misericordia Hospital Medical Center

Sister Serena Branson, D.C.,
Executive Director
Diocesan Health & Social Services
Catholic Diocese of Albany

David Call, Ph.D., Dean
College of Agriculture &
Life Sciences
Cornell University

Sandra C. Chapin, Chairperson
Long Island Cares

Grace C. Harewood, Executive Director
Fort Greene Senior Council, Inc.

Paul F. Hopper, Ph.D.
Corporate Director of
Scientific Affairs
General Foods Corporation

Robert F. Longley, President
Federation of Protestant
Welfare Agencies

H. Carl McCall, Senior Vice President
WNET/Thirteen

Stephanie Newman
Federation of Jewish
Philanthropies

Rosalyn L. Schoonmaker, Vice Chairman
American Farm Bureau Women

Lt. Col. Roland G. Schramm
Assistant Chief Secretary
The Salvation Army

Norma Stanton, Ph.D., Director
Hispanic Women's Center

Myron Winick, M.D., Director
Institute of Human Nutrition
College of Physicians & Surgeons
Columbia University

Robert E. Wunderle, Ph.D.
Vice President of Public Affairs
Pathmark Supermarkets

EX-OFFICIO MEMBERS

David Axelrod, M.D., Commissioner
NYS Department of Health

Gordon Ambach, Commissioner
NYS Department of Education

Roger Barber, Commissioner
NYS Department of Agriculture
& Markets

Barbara Blum, Commissioner
NYS Department of Social Services

Karen Burstein, Director
NYS Consumer Protection Board

John C. Egan, Commissioner
NYS Office of General Services

Lou Glasse, Director
NYS Office for the Aging

Ilene Margolin, Director
NYS Council on Children & Families

Zygmond L. Slezak, Acting Commissioner
NYS Office of Mental Retardation &
Developmental Disabilities

Project Director: Jo-Ann Lamphere

Summary

The Nutrition Watch Committee was appointed by Governor Hugh L. Carey in January of this year because of his concern that the economic recession and cuts in federal food programs were jeopardizing the nutritional status of New York State residents. The Committee's task, as defined by the Governor, officials of the State Department of Health and the Committee itself, was to assess the extent of hunger in the state; to determine the effectiveness of federal food programs; to design a dynamic monitoring mechanism to review the nutritional status of at-risk groups; and to examine the effectiveness of nutrition education programs.

This was a charge of considerable magnitude. Nevertheless, impressed with the urgency of the situation, the Committee decided to carry out its work with all possible speed and submit a report to the Governor by June. This report, therefore, is restricted to major findings and recommendations. A supplementary report will be issued at a future date and will include working papers prepared for the Committee.

As its work progressed, the Committee found itself grappling with not a single subject, but two rather different ones -- hunger and malnutrition. Hunger is largely related to temporary or persistent poverty and is a condition that can be readily relieved through income or food supplementation. Malnutrition -- either undernutrition or overnutrition -- is a more complex and less easily corrected condition and tends to have long-term health consequences. There is, for example, a striking correlation between malnourishment during pregnancy, low birth weight in babies and the incidence of infant mortality, birth defects and mental retardation. Cardiovascular disease and diabetes are closely associated with obesity, a condition that is usually caused by an improper diet. It is believed that from one-third to one-half of the health problems of the elderly are directly or indirectly related to poor nutrition. Although hunger and malnutrition are related, they essentially are separate public policy matters. The Committee decided, therefore, to address first the subject of hunger and then the longer term, more pervasive matter of malnutrition.

The Committee was deeply shocked to discove that hunger, which had been largely eliminated through a variety of measures including food stamps and other federal programs, is again on the rise in New York State. Although it was not possible to carry out a broad survey of the population to confirm the extent of the phenomenon, the evidence of its existence is clear. For example, the Salvation Army and other human service agencies that provide food packages and meals to destitute people report that requests for assistance have mounted rapidly in recent months and lines at soup kitchens have lengthened.

The Committee believes the presence of hunger in a prosperous state such as ours is a deplorable and intolerable condition. Its existence in the face of plenty must be eliminated.

The length and severity of the economic recession, increased living costs, reductions in the food stamp program and other government assistance for working poor families, and the lack of outreach to needy individuals who are eligible for these programs all are factors leading to increased hunger in New York State.

The effectiveness of federal food-aid programs in combating the ravages of hunger is indisputable, yet the programs have suffered severe budget reductions. For this reason, federal officials need to be reminded of the importance of investing public resources in these highly cost-effective programs. The major social and financial responsibility for eradicating hunger in the United States must rest at the federal level. Poverty, specifically, and economic conditions, generally, are not phenomena over which states have control. More importantly, social problems and the resources needed to address them are not distributed equally among the states.

The Nutrition Watch Committee found itself obliged to consider the fundamental issue of the long-term food supply needs of New York State residents. The nutritional well-being of the state's population is, to a great extent, dependent upon assuring a supply of a variety of foods at affordable prices. This recognition led the Committee to give some attention to agricultural marketing and processing opportunities, the cost of food transportation, the retention of farm land and the availability of food distribution facilities.

The Committee spent a great deal of time investigating the impact of good nutrition on health. The promotion of good nutritional practices among all the people of the state is a difficult and complex challenge. It involves not only ensuring the availability of nutritious food at an affordable price, but it also involves education. People must be educated about what constitutes a healthful diet; they must be motivated to make better consumption decisions and be provided an understanding of the personal and economic consequences of poor nutrition. The key to solving many of the current problems of malnutrition identified in this state is better nutrition education, a point repeated to the Nutrition Watch Committee with surprising regularity.

The Committee, therefore, attaches high priority to the matter of nutrition education for children in the schools, for adults generally and for future health professionals. However, New York State has not attached a high priority to the matter of nutrition education. For instance, New York has 12 medical schools -- more than any other state in the nation -- yet only two of these schools require their students to take nutrition courses. Health professionals should be required to take at least one basic nutrition education course to ensure their full appreciation of the importance of nutrition in the human condition.

The Committee has concluded that the two goals of eliminating hunger and improving the nutritional well-being of the people of New York State can be realized through renewed public interest and commitment. Clearly, a state responsibility should emerge. Although federal responsibility in the food and nutrition areas is clear, its commitment must be reinforced. Likewise, we must draw upon the resources and expertise of the private sector.

Our recommendations reflect the reality of current budgetary stringency. Nevertheless, several of them will require the appropriation of state funds if they are to be implemented. The Committee believes such expenditures are fully justified since good nutrition is of fundamental importance to the proper development and maintenance of the state's human resources, especially children, and to avoidance of the escalating costs of medical care for health problems which should never have occurred. Indeed, investment of resources in proper nutrition is over the long run a most cost-effective measure. We cannot over emphasize this point.

Our most important recommendation in regard to the objective of a nutritionally healthy citizenry is that the state must encourage the development and implementation of a coherent and comprehensive approach to addressing the myriad issues surrounding this objective -- something it has never done. The state must seek to remove obstacles that inhibit client participation in food-aid programs, develop the capacity to respond quickly in emergency situations and commit itself to a long-range strategy of developing nutrition education programs. To this end, the Committee proposes that a New York State Council on Food and Nutrition Policy be established as a new, independent entity reporting directly to the Governor. Such a body is needed to provide timely information on the nutritional status of the population, to stimulate the creation of innovative public policies and expanded prevention efforts, to coordinate the work of numerous state agencies with an impact on nutrition and food, and to forge a better private/public partnership with the capacity to address these issues.

The elimination of hunger and the promotion of good nutrition are objectives of the highest importance to all the people of New York. We hope the efforts of the Nutrition Watch Committee will be instrumental in assisting New York State to promote a nutritionally healthy and productive population.

Evangeline G. Carey Alan J. Pifer

Evangeline Gouletas-Carey Alan Pifer

Thousands Go Hungry

Contrary to popular perception, the hunger problem in America has not gone away. In fact, the specter of hunger is a growing reality in the lives of an increasing number of Americans. The situation in New York State is no different. Voluntary agencies and food pantries that provide food assistance to the needy have reported that during the past year the number of emergency requests for food has skyrocketed throughout the state. The shortage of food -- both episodic and chronic -- in thousands of households throughout the state is an urgent problem that offends modern society's moral sensibilities and requires mobilization of its vast resources to address this threat.

The Nutrition Watch Committee's perception of what constitutes inadequate nutrition changed during the months it met. Members discovered that the words "hunger" and "malnutrition" are mistakenly used interchangeably, which in turn has obstructed the identification of problems and the development of solutions. The Committee concluded that although the problems of nutritional risk due to hunger (or the lack of food) are related to the problems of nutritional risk caused by improper food choices, they command different public policy decisions and methods of solution.

> *"Low-income people are, by definition, at nutritional risk."*
>
> *-- Jeanne Perry, Food Law Project*

All other problems of nutrition are relatively insignificant when compared to the fact that millions of New Yorkers are living on incomes that, if not supplemented, prevent them from obtaining enough to eat. There are more than 2.3 million people in New York -- 13.7 percent of the state's population -- living below the poverty level. Even more disturbing is the fact that almost 25 percent of the children in the state under five years of age and 20 percent of children ages 5-17 are members of poverty households. For a family of four, this meant an income last year of less than $8,400.

While federal food-aid programs are the vital link to survival for the majority of low-income families, few of these programs reach all people. In 1980, nearly 715,000 households in New York received food stamps. Yet, this large number represents only two-thirds of those eligible for food stamp benefits. Less than 35 percent of low-income pregnant women, infants and children at nutritional risk in the state are participating in WIC, a program specifically established for this target group. The meals-on-wheels program and congregate feeding programs for the elderly are unable to serve the number of people requesting these services.

Middle-income households usually spend less than 20 percent of their income for food; this figure may soar to as much as 40 percent in the case of low-income families. In a poor household, food for an adequate diet cannot be purchased unless other necessities are sacrificed. Rising food costs have further diminished the limited dollars available. The New York City Department of Consumer Affairs reported this past winter that the cost of feeding a family of four in the city reached an all-time high of $109.59 per week.

> *"Documenting hunger is not easy, and consequently many people have the assumption that hunger does not exist."*
> *-- Donna Lawrence, Food and Hunger Hotline*

The incidence of hunger, which had largely been eliminated by federal food-aid programs, is again on the rise in New York State. Numerous discussions with and correspondence received from staff of charitable organizations, food pantry volunteers and food advocates overwhelmingly supported the thesis that a rapidly increasing segment of New York's population is experiencing food crises and experiencing them more frequently. The evidence most often cited was the substantially increased demand for emergency food assistance.

> *"The requests for food will run at about a 45 percent increase over last year."*
> *-- The Salvation Army, Suffolk County*

> *"In January 1982, the Emergency Ecumenical Food Shelf served 105 people. A month later, service demand was up 25 percent."*
> *-- Donna H. Drumm, Joint Council For Economic Opportunity of Plattsburg and Clinton County, Inc.*

> *"Since 1980, there has been a 1,250 percent increase in household food emergencies experienced by large numbers of children and their parents and guardians in East Harlem."*
>
> *Anna Lou Dehavenon, Ph.D., East Harlem Interfaith Welfare Committee*

At the request of the Nutrition Watch Committee, the Salvation Army conducted a statewide survey which showed a 19 percent increase in the number of people requesting emergency aid from its facilities during the period of December 1980 to December 1981. The number of persons who cited the loss of food stamp benefits as the reason for needing assistance jumped by 93 percent. Diminished income due to unemployment and reductions in government assistance also contributed to increased demand.

Many of the charitable organizations that dispense emergency aid have confirmed the assertion that the characteristics of needy individuals have changed. Agencies reported they are serving a new type of low-income person. According to a church in the Capital District, "Significantly, the working poor comprise a growing proportion of the families and persons requesting assistance." These people have always worked, but they suddenly find themselves lacking funds. The "new" client is recently unemployed, has never before had to seek help and is either unaware of what help is available or is too embarrassed to obtain it.

The Power Of Nutrition

Through life, nutrition affects everyone's health, regardless of age, race, sex or economic status. Since the adage "you are what you eat" is true, New Yorkers are in serious trouble. Lifelong improper food choices and appetites insensitive to reasonable limits have significantly undermined the health of New York State residents. For the majority, their productivity and quality of life have been negatively affected. Ignorance of and disinterest in the consequences of poor nutrition appear to be the major hindrances to improving New Yorkers' nutritional habits. Although the steps to correct the problems of ignorance and disinterest are longer term than the steps to alleviate hunger, the necessity of addressing both problems is equally compelling.

"After bread, education is the first need of a people."

-- Danton

There is a well established association between nutrition and pregnancy outcomes. Medical research has demonstrated that a critical factor in a newborn baby's birth weight is the nutrition of the mother. A low birth weight infant has half the chance of survival of a normal birth weight infant. In addition, low birth weight infants are three times more likely to suffer from birth defects and ten times more likely to suffer from mental retardation than are normal birth weight infants. These developmental problems are associated with some 10,000 births each year in New York State.

For school age children, poor nutrition can retard their cognitive development and stunt their growth and fail to generate an adequate level of energy to sustain physical activity. Obesity is a major nutritional problem for many children, especially those from low-income families. An obese child is three times more likely to become an obese adult and may even suffer the associated health problems of coronary heart disease (the nation's number one cause of death), hypertension, gout and diabetes.

Six of the 10 leading causes of death in the United States are linked to malnutrition. Furthermore, it has been estimated that an improved diet could significantly reduce the incidence of obesity, heart disease and infant mortality.

The societal costs of these largely preventable diseases in terms of lost productivity and health care costs are staggering. American industrial firms spend about $700 million yearly to replace the 200,000 men between 45 and 65 years of age who are killed or disabled by coronary diseases. Of the persons hospitalized in this state, the Department of Health estimates more than 20 percent had a nutrition-related illness. Low birth weight is a phenomenon which costs parents and taxpayers millions of dollars a year in both hospital and institutional care. Studies have indicated that up to one-third of total health care costs may be attributable to inadequate nutrition. Thus, poor nutrition contributes to an estimated $10 billion in health care costs in New York State.

The Nutrition Watch Committee has determined that the nutrition problems of at-risk populations in the state are aggravated by a lack of public understanding of the importance of preventive health care. There is widespread agreement among health experts and public officials that expenditures for the institutional health care system could be reduced if those programs which promote maternal and child health and prevent illness were not underfinanced. Ironically, there appear to be few signs of reversal in the current injudicious expenditure pattern in which the treatment of illness is emphasized rather than its prevention. The Nutrition Watch Committee concluded that giving attention to the immediate problem of hunger is no substitute for the development of realistic approaches for ameliorating the longer term effects of poor nutrition.

Federal Food Funds Are Well Spent

That federal food-aid programs have been effective in reducing the risk of hunger and gross malnutrition for poor people in this country is indisputable. Although the proportion of the state's population living in poverty today is similar to that of 15 years ago, the proportion suffering from hunger in recent times has grown smaller because of the impact of food-aid programs. Yet, federal budget reductions -- both those already enacted and those under consideration -- threaten to erode the progress the nation has made in eliminating hunger.

> *"Our first and overwhelming impression is that there are far fewer grossly malnourished people in this country today than there were 10 years ago . . . The food stamp program, the nutritional component of Head Start, (and) school lunch and breakfast programs have made the difference . . . Food-aid programs may represent one of the unsung yet most effective anti-poverty efforts of the last 15 years . . . We are not dealing with an ineffective tool of public policy, but an inadequately used one."*
>
> *-- Field Foundation Report, Testimony of Physicians, 1977*

Last year, Congress was persuaded to adopt a series of large budget reductions that had major consequences for millions of low-income families. Food stamp benefits in New York State alone were reduced by more than $125 million. This year, the budget proposals have been equally harsh. New York State could lose over $800 million for food-aid, health care and related human services programs.

Recent Congressional action hit particularly hard on New York State. Cuts in the Older Americans Act will mean that 363,000 fewer meals will be delivered to the state's elderly resident. Food stamp benefits may be reduced by $190 million. Potential reductions in the WIC program could mean that 60,000 nutritionally deficient women, infants and children will lose access to services.

The rhetoric surrounding these federal cutbacks implied they were directed at a population envisioned as the "undeserving poor." But the stark reality is that children -- particularly of working poor families and those headed by a single parent -- are most adversely affected. Despite the so-called "safety net," even the poorest families and the elderly living in poverty will suffer. Ironically, these reductions increase the marginal tax rate for poor families, thus increasing the incentive to quit working.

These federal budget reductions -- in food stamps, school lunch and breakfast programs and the nutrition program for the elderly -- are an illusory savings because the long-term effects of inadequate nutrition, and the resultant increase in expenditures of public health care dollars, will eliminate any short-term gain.

RECOMMENDATION: New York State should continue to advocate increased investment in human resources and actively oppose federal budget reductions in food-aid and nutrition programs. Furthermore, the Committee believes federal funding for food stamps, child nutrition and the nutrition program for the elderly should be reinstated to levels preceding reductions enacted by the Omnibus Budget Reconciliation Act of 1981. The Committee is convinced the deep and pernicious federal budget cutbacks and reductions in program eligibility threaten the nutritional well-being of hundreds of thousands of New Yorkers.

The Committee opposes the President's proposal to terminate WIC as an independent program and to merge it into the Maternal and Child Health Block Grant, since such an action would jeopardize the program's viability and effectiveness.

RECOMMENDATION: The federal government should continue to maintain strong leadership in the administration of food and nutrition programs because malnutrition is a national concern. It is the duty of federal officials to restore public confidence in food-aid programs and to commit their energies to eliminating hunger in the United States. Eligibility standards should continue to be set on a national basis to ensure equity for all food-aid recipients. The Nutrition Watch Committee is opposed to efforts of the present federal administration to transfer to state governments the legitimate responsibility of the federal government for funding and administration of the food stamp program.

RECOMMENDATION: New York State should request authority from the federal government to distribute national surplus commodities in ways the state sees fit to meet emergency food needs. The number and variety of institutions and volunteer groups eligible to distribute these commodities should be expanded because the donation of surplus commodities to organizations which have the funds and staff to distribute them efficiently is highly beneficial. However, the Nutrition Watch Committee believes such emergency distribution is not a suitable or appropriate strategy for feeding individual families; commodity distribution is only a supplement to existing federal intervention programs.

State Council On Nutrition And Food Policy

Nutrition is a major public issue of the same magnitude as the environment, criminal justice and education. New York State has not, however, maximized its potential in promoting the nutritional status of its people even where available federal funds have encouraged such an effort.

The state lacks the capacity to coherently and comprehensively address the myriad issues affecting nutritional well-being. The majority of state agencies have some degree of responsibility related to nutrition education, the purchase and delivery of food, administration of food-aid or the promotion of New York's agricultural industries. And yet, these various programs have been independently managed by their respective agencies and little or no overall thought has been given to the synergistic effect of these programs on the nutritional status of at-risk groups.

> *"Our nutritional status depends not only on behavior modification of the individual, but also on behavior modification of an indifferent establishment."*
> *--Richard K. Manoff, Manoff International, Inc.*

The Nutrition Watch Committee was concerned to learn that New York State has not undertaken a deliberate effort to coordinate federal food-aid for the needy in the state, articulated a coherent set of nutrition and food policies or promulgated nutritional goals for its citizens.

RECOMMENDATION: New York State should strengthen its commitment to ensuring the nutritional well-being of all New York State residents, particularly those most at risk, regardless of the availability of federal funding for such efforts. To accomplish this objective, New York should:

- take a leadership role in formulating and directing nutrition and food policies within state agencies that will result in better coordination of food-aid and nutrition education efforts and identification of both short-term and long-term needs and solutions;
- adopt minimum standards of adequacy for educating children and health professionals in good nutrition;
- maximize client participation in food-aid programs by removing bureaucratic obstacles;
- encourage better and more consistent public information on nutrition issues for all segments of society; and
- provide a mechanism for collecting and acting on information indicating the existence of critical food needs among New York State residents.

The evolving federal role in health and human services necessitates a redirected state role, especially in the areas of nutrition and food-aid. This changing federal role compels New York to ensure food programs are utilized fully and efficiently operated to serve the needs of the state's most vulnerable residents.

RECOMMENDATION: New York State should establish a State Council on Nutrition and Food Policy. It will be the driving force behind the development of both public and private sector policies that over a period of time will raise the nutritional well-being of all residents of New York State to an acceptable level.

The Nutrition Watch Committee recommends the State Council on Nutrition and Food Policy be established as an independent entity. To incorporate policy direction at the highest levels of state government, the council should be composed of the commissioners and directors of agencies responsible for food and nutrition-related issues. In addition, people who represent the diverse nature of food and nutrition interests should be appointed to advise the council.

It is recommended that the council identify those persons at risk of inadequate nutrition, propose policies and programs that promote adequate nutrition, and increase the public's awareness of the importance of nutrition. The council also should provide the Governor and Legislature with an annual report on the nutritional status of the state's population, and other reports as needed. The Nutrition Watch Committee recommends that adequate funds be appropriated to meet the council's expenses.

Access To Food Programs

Public food-aid programs, in the aggregate, have yielded an enormous benefit for the majority of the state's low-income residents. These programs, however, are not uniformly available for eligible needy persons; thus, their effectiveness varies considerably throughout the state.

One measure of the effectiveness of food-aid programs is the degree to which they reach those who by law are eligible for them. For example, in 1980, just under two-thirds of the 1.1 million to 1.2 million households eligible for food stamps in the state actually participated in the program. This participation rate varied from 68 percent in New York City to an average of 50 percent for the rest of the state.

Outreach activities are important for informing potential clients about the availability of and requirements for food-aid programs. Even during prosperous times, many potential recipients fail to receive the benefits to which they may be entitled. Today, outreach is especially important because many people in need have never before requested assistance. In addition, negative press coverage of social programs, public discussions about proposals to drastically alter the nature of these programs and new eligibility requirements have led to increased confusion about food-aid benefits.

In 1981, food stamp outreach efforts were terminated in New York State in response to changes in federal requirements and the withdrawal of federal funds. During the past year, applications for food stamp benefits have declined, and the Nutrition Watch Committee believes this is partially attributable to the elimination of outreach efforts. The Committee regards the termination of outreach efforts with apprehension because the failure to reach an individual in need of food-aid increases the nutritional risk for that person.

RECOMMENDATION: New York State should sponsor state-funded outreach efforts to increase awareness among low-income people of the availability of and eligibility requirements for all food-aid programs. Outreach is particularly important to help those people who are newly eligible. The Nutrition Watch Committee believes that the reinstatement of outreach efforts will help to promote a better public perception of the importance of food assistance.

There is considerable evidence that the nutritional health of women during pregnancy influences weight gain of the fetus and that low-birth weight infants have higher mortality rates and are more likely to suffer from congenital disorders. The WIC program addresses the dietary deficiencies of low-income pregnant women, infants and children up to age five by providing coupons which allow the purchase of foods high in protein, iron and other nutrients. Reliable studies have shown a dramatic decline in the number of low-birth weight babies born to WIC mothers and a significant reduction in the prevalence of anemia among women and children who participate in the WIC program. The Department of Health has estimated that at least 500,000 low-income women, infants and children in New York State are at nutritional risk, yet the program serves only about 35 percent of them.

RECOMMENDATION: New York State should adopt, as one of its highest expenditure priorities, the provision of food supplements to all low-income pregnant women, infants and children. Legislation should be enacted authorizing the use of state funds to augment federal funds to serve individuals in need of WIC services. This additional funding should be sufficient to ensure that all low-income and nutritionally deficient pregnant women can receive WIC food benefits and the nutritional instruction that accompanies them.

Nutrition Education

Nutrition experts believe that indifference and ignorance of proper dietary habits are among the primary reasons for malnutrition in the United States today. Despite growing evidence of the effect that proper diet can have on preventing and treating degenerative diseases, as well as enhancing health and well-being, many individuals do not follow a diet that is balanced, varied and moderate. Because of the role of consumer choice on nutritional intake, the quality of nutritional information available to individuals is of primary importance. Thus, the Nutrition Watch Committee is concerned that New York State has not placed sufficient emphasis on the nutrition education provided to children, to students in the health professions and to the public at large.

The responsibility for providing nutritional education cannot be delegated to one segment of society. The Nutrition Watch Committee believes parents, teachers, health professionals, private industry, the media and government agencies must work together to increase public understanding of the principles of good nutrition and to motivate people to follow such principles.

> *"Teaching food and nutrition might be viewed as the single most important educational activity of a society. If persons do not learn to obtain and consume food so as to sustain themselves and their dependents, all other learnings are irrelevant."*
>
> *--Joan Gussow, Columbia University*

Children's habits are developed in the early years. Thus, the health and well-being of future generations of New Yorkers is largely dependent upon the ability and commitment of the educational system to teach children about the importance of nutrition and its varied components. Children must be taught that proper eating practices will contribute significantly to their physical, social and economic potential.

RECOMMENDATION: The Board of Regents should strengthen its commitment to increasing the nutritional awareness of children and adolescents in elementary and secondary schools. It should motivate local school districts to sponsor expanded nutrition education ventures. The Nutrition Watch Committee recommends that the Department of Education:

- survey local school districts to determine the quality of nutrition education taking place in the classroom;
- include nutrition questions on the Regents Competency Examinations, the test required for graduation from a high school in New York State;
- include the provision for a unit on nutrition education among the criteria for the approval of health education courses;
- review the extent of nutrition education in schools as a component of its program-monitoring responsibilities in connection with the reregistration process;
- provide vigorous continuing education and inservice training relating to nutrition issues for teachers and for administrative personnel;
- design, produce and disseminate a greater variety of creative nutrition curriculum resource materials; and
- seek state funds to ensure the continuation of the Nutrition Education and Training (NET) regional network.

Given the important links between nutrition and health promotion and the prevention of serious disease, few would question the legitimacy and importance of including nutrition instruction in the education of physicians and other health professionals. Yet, the underemphasis of such teaching has led to inadequate training of the very individuals whose advice is most often sought about nutrition. The Nutrition Watch Committee found it incomprehensible that only two medical schools in New York State -- Columbia University and the University of Rochester -- have courses in nutrition as part of their curriculum.

RECOMMENDATION: Since the current aim of medicine should be to promote good health rather than to respond to illness, the Nutrition Watch Committee recommends nutrition education assume a more prominent place in the training of all health professionals, especially doctors. To foster the development of nutrition programs in medical schools:

- the state should support the establishment of special chairs in nutrition at all medical schools in the state; and
- state funds should be allocated for special scholarships and residencies for students wishing to emphasize nutrition in their medical training. In addition, private funds should be solicited for such purposes.

RECOMMENDATION: Nutrition education courses should be provided in all of the health professions schools.

It was apparent to the Nutrition Watch Committee that nutrition education also is of vital importance for the state's adult population. In some areas, Cooperative Extension -- an organizational partnership among county, state and federal governments -- is the primary vehicle for teaching nutrition education and food quality and safety. Many corporations throughout the state have offered their expertise and resources to create and distribute imaginative education materials. Nonetheless, reliable nutrition information often is difficult to obtain.

RECOMMENDATION: The public and private sector should work together to ensure that the public receives consistent, accurate and reinforcing nutrition information.

RECOMMENDATION: Public service radio and television spots, prime time media messages and visual materials should be developed and widely distributed in order to reach as many consumers as possible.

RECOMMENDATION: Nutrition education should be strengthened within existing food-aid programs, especially the nutrition program for the elderly.

Nutrition Surveillance

The work of the Nutrition Watch Committee has demonstrated the critical importance of an ongoing method for collecting information on the nutritional status of New York's population and its vulnerable target groups. Nutrition surveillance is needed to identify nutrition problems as they begin to develop, to understand their extent and distribution throughout the state and to determine their contributing causes. A thorough review of such information will enable government officials to make more informed decisions about targeting scarce resources.

A well-designed system of nutrition surveillance could supply the kinds of information routinely needed by legislators and policy makers. New York State does not have such a system; instead, state agencies routinely collect a multitude of information which could be used for nutrition monitoring purposes, but is not so used at present. In many cases the uniformity and consistency of these data are disputable (e.g., school health records). National surveillance data are impossible to use in New York State because data have not been adequately analyzed by the federal government and, in most cases, represent a national sample that cannot be disaggregated to be meaningful at the state level.

Other essential information related to the state's nutritional well-being is lacking. This includes the effect of poor nutrition on acute and chronic illness of the elderly, the long-term effects of suboptimal nutrition for children, the accessibility of retail food stores in certain neighborhoods and information on what makes a family nutritionally vulnerable.

To achieve a better appreciation of nutrition problems and more responsive intervention strategies, intensive and routine nutrition monitoring is required.

RECOMMENDATION: The Nutrition Watch Committee recommends that the state design and implement a nutrition monitoring system. This information will provide the state, on a population basis, data to guide public policy and evaluate ongoing programs. Using existing data sources, those people most in need of food and nutritional aid -- geographically, biologically and socio-economically -- must be identified. These conditions must regularly be assessed in terms of numbers, program coverage, nutritional status and hunger indicators. The initiative undertaken by Cornell University's Division of Nutritional Sciences for the Nutrition Watch Committee provides a basis for the design of such a state monitoring program.

Specifically, the Committee recommends:

- that the system be a dynamic one and incorporate early warning indicators to alert state agencies to possible emergency conditions;

- that funds be allocated to the Department of Health to compile nutrition surveillance data annually and to issue reports as necessary on the nutritional status of New

York's population. Once the State Council on Nutrition and Food Policy is established, the council may assume this function;

- that measures of geographic accessibility to retail food stores in an area be included as part of this surveillance effort; and
- that height and weight measurements, important for measuring nutritional status during childhood, be routinely collected by school districts, WIC and Head Start programs. State law governing school health records should be amended to include a requirement for collecting such measurements.

RECOMMENDATION: The Nutrition Watch Committee recommends that New York State conduct a survey of the extent of hunger and malnutrition, concentrating on infants and children, pregnant women and the elderly. New York State should enlist the participation of medical students, nutrition science students and students in allied health professions in a survey designed to document and analyze examples of hunger and malnutrition, as reported by physicians, health personnel, social workers, community leaders and selected ambulatory care clinics. The prevalence of anemia among pregnant women and growth curves of infants and children should also be evaluated. The Committee believes that the state, private and voluntary organizations should jointly sponsor this effort to assess this basic element of human resources in New York State.

Food Production In New York State

Over the coming years, the maintenance and growth of the state's agricultural capacity will be fundamentally important to New York's ability to produce food supplies at affordable prices. As the costs of producing and shipping food products from out of state increase, New York's food production base will play an enhanced role in the food system of the state. Food costs will continue to rise in the state and fresh produce will be increasingly unavailable in urban centers unless sufficient attention is paid to assuring the retention of needed farmland within New York.

> *"Good nutrition -- the health of people all over the world -- is important to American agriculture. Likewise, a productive, reliable agriculture is important to our nutrition efforts."*
> *-- John R. Block, U.S. Secretary of Agriculture*

New York can boast that it ranks second nationally in apples and grapes, third in milk production and fourth in the production of vegetables for processing. But the state produces only about 25 percent of the food consumed here. Cheap energy and low transportation costs have shifted consumer dependence generally from New York farms to the West and Southwest in recent decades.

However, the cost of food produced in and transported from the western states is rising along with the cost of energy and water. So accessibility to reasonably priced food will depend more and more on New York's own ability to harness and direct the agricultural resource it now underutilizes.

Nonetheless, there are significant pressures to convert agricultural land in New York State to other purposes. (During the last century, the amount of active crop land in the state dropped from 22 million to 4.5 million acres.) Present diminished economic conditions in the agricultural sector, coupled with depressed agricultural land values and increasing real property taxes, have resulted in growing pressure to accelerate the conversion of agricultural land to nonfarm uses. This problem is most critical in, but not exclusive to, the remaining production areas nearest urban areas.

The Nutrition Watch Committee believes that agricultural land retention, especially for those lands best suited to energy efficient and cost-effective production, is an important key to assuring the long-term nutritional and food supply needs of New York residents.

RECOMMENDATION: The state's policy on farmland retention should be strengthened and programs to achieve this policy be initiated. The Governor should direct the various state agencies to use their existing regulatory and developmental policies to prevent the conversion of the state's most productive land to other purposes. In addition, legislation should be proposed to strengthen the existing agricultural districts program.

RECOMMENDATION: The state should assist in the development of better markets for farmers by the practice of direct marketing. This marketing strategy -- roadside stands, farmers markets and truckload sales -- offers an opportunity for agricultural producers to sell directly to consumers and small retail outlets and government agencies. Direct marketing offers a valuable economic opportunity for growers, and provides seasonally fresh and high quality produce to consumers who have access to this marketing channel. Direct marketing, however, is a supplement, rather than an alternative to traditional food supply and distribution channels.

Furthermore, New York State should encourage its own institutions to buy fresh produce directly from local farmers. New York is responsible for the care, shelter and feeding of approximately 80,000 people living in state hospitals, mental health and mental retardation facilities and prisons. Given the substantial demand for food at such institutions, the cost containment needs facing all state agencies, and the increasingly competitive position enjoyed by New York State producers, the Nutrition Watch Committee recommends that the state work with the appropriate agricultural interests and state agencies to ensure that New York producers and processors have the greatest possible access to this significant market.

RECOMMENDATION: Building on the existing agricultural base in New York, the state should work to attract and maintain food processing industries in the state. The Departments of Commerce, Agriculture and Markets and Environmental Conservation and the College of Agriculture and Life Sciences should work together to ensure that the needs of these food processing industries are met.

Restricted Food Access

The private sector food production and distribution system in the United States is the most efficient and cost-effective system in the world. Yet, the benefits of this food system remain beyond the reach of many low-income and elderly residents living in neighborhoods where the cost of quality food is higher than in other neighborhoods or where there is limited public transportation. These problems have a direct bearing on nutritional well-being.

> *"When the last of the chain supermarkets closed, we found people being forced to shop at 'mom and pop' stores that carry limited brands, offer very little fresh produce, and charge higher prices. Many people have lost the ability to make best utilization of their food dollars."*
>
> *-- Christine Braley, Columbia (County) Opportunities, Inc.*

Small neighborhood stores are an important source of food for both inner-city and rural residents. These stores can accommodate cultural preferences and they often offer credit when family funds are low. But the price differential between these stores and supermarkets averages about 15 percent. Thus, limited food dollars and food stamps simply do not stretch as far.

> *"We found that the average price in the middle-income grocery stores (in the Bronx) ranged from 8½ to 31 percent lower than in the low-income stores for the same items (milk, juice, meat, etc.)."*
>
> *-- Kathy Goldman, Community Food Resource Center, Inc.*

The Nutrition Watch Committee was struck by two issues that relate to food accessibility for residents of New York City. First, the cost of being in the retail food business is high in New York. Fixed charges (such as rent, energy and taxes) for one supermarket chain was reported to be 45 percent higher in New York City than in Long Island and 56 percent higher than in New Jersey -- hardly an incentive to open a food store in the city. Second, some food stores exist in a hostile, high crime environment. For many persons, especially the frail and elderly, grocery shopping is a dangerous activity. In addition, the retailer must provide additional security, a cost which is passed on to consumers.

RECOMMENDATION: The state and local governments should work to improve the physical environment in which food stores operate. Furthermore, they should initiate discussions with the distribution industry to assess how to improve the marketing of foods in areas where access to food is limited. Public protection agencies must seek more effective ways of guaranteeing the safety of both shoppers and retailers in crime-ridden areas.

RECOMMENDATION: Zoning and land use planning should recognize food needs and the availability of distribution facilities, especially those in poor neighborhoods.

RECOMMENDATION: Food cooperatives, community gardens, group purchasing and direct marketing are all activities of a self-reliant nature, initiated primarily by voluntary agencies and community groups. They can influence nutritional well-being by offering fresh foods at lower costs to individuals and by assisting agencies or groups of agencies to further stretch limited food and funds. The Nutrition Watch Committee recommends that state and local governments provide supplementary support to such efforts.

The Public/Private Partnership

There are many areas of human need which are primarily the responsibility of government. Citizens interested in these needs, when organized properly, can help both government and those clients being served. These voluntary associations -- social service agencies, public interest groups and advocacy organizations -- all play an integral role in assuring adequate food and nutrition for many New York State residents. They are the backbone of service delivery systems for a variety of food and nutrition programs, and are the primary advocates for increased client participation. At the time of greatest need, however, the capacity of these voluntary associations to respond to emergency food needs has been severely undermined by federal budget reductions.

> *"People come to the food pantries when they are out of food and have nowhere else to turn."*
> *-- Laurie Cox, Albany Regional Emergency Food Task Force*

Meeting the dramatic increase in emergency food requests throughout the state is a responsibility that has fallen heavily on the private sector. Emergency food services from soup kitchens to food pantries to the collection of food and stocking emergency food banks are provided by community-based and charitable organizations. The organizations, relying heavily on volunteer or borrowed staff, also assumed the primary responsibility and financial burden for distributing recent USDA surplus cheese commodities.

While these myriad agencies have been called upon by government and needy individuals for increased assistance, their budgets have been curtailed because of federal cuts in the majority of health and human services programs. And, contrary to the claims of the present administration in Washington, private charity -- vital as it is -- is woefully inadequate as a substitute for governmental assistance. Thus, at this time of greatest need, diminishing federal dollars threaten to rupture the historic partnership between government and voluntary agencies. The Nutrition Watch Committee deplores the damage being done to this partnership because of federal budget reductions.

RECOMMENDATION: State advocacy for the restoration of federal funds for nutrition and human services should recognize the efforts of the voluntary sector to organize and manage many food-aid activities throughout the state. The state should initiate a series of conferences with private sector individuals to enhance their capacity to address many of the issues and problems that have been highlighted by the Nutrition Watch Committee. The emerging new partnership could then:

- better mobilize the private sector to make the public aware of needs in the area of nutrition; and, to generate philanthropic support of worthy private sector programs, and to support such programs in other ways;
- be independent advocates for the several causes that have been raised in the area of nutrition;
- enlist talent on loan from the private sector to be used from time to time on specific tasks;
- cooperate with other groups working on solutions to ancillary problems which stand in the way of the alleviation of nutritional distress such as crime, regulatory concerns and governmental authorizations;
- provide help in media relations; and,
- help in facilitating communications between the private and public sectors.

Conclusion

Food and nutritional issues must move from an era of neglect to one of debate and action. The elimination of hunger and the promotion of good nutrition must be objectives of the highest importance to all the people of New York.

Broad and vigorous involvement must be sought from public officials, consumers and the private sector to solve the many hunger and nutrition problems experienced in the state. We, as a society, must insist upon full federal participation in these efforts. The state must commit its powers and resources -- in the short and long term -- to achieve nutritional well being for all New Yorkers. Such investment is critical to curtailment of unnecessary health care costs and optimal development of the state's human resources.

Acknowledgements

The Nutrition Watch Committee would like to thank the following people who generously offered their time and expertise:

Malden Nesheim, Director, Division of Nutritional Sciences, Cornell University

Michael Goldblatt, General Foods Corporation

Jeanne Perry, Food Law Project

Rhoda Jacobs, Chairperson, N.Y.S. Assembly Subcommittee on Food, Farm and Nutrition Policy

Association for Children of New Jersey
17 Academy Street • Suite 709
Newark, New Jersey 07102
(201) 643-3876

Statement Before:
The Select Committee on Children, Youth and Families
Monday, July 25, 1983
New York, New York

Chairman Miller, Members of the Select Committee on Children, Youth and Families, my name is Ciro Scalera and I am submitting this testimony on behalf of the Association for Children of New Jersey of which I am the Executive Director. The Association (ACNJ) is a state-wide, citizen-based advocacy organization. Our goal is to improve and safeguard the lives of New Jersey children by improving those policies and programs which affect them. Since 1978, the Association has actively monitored and studied both state and local systems related to such issues as child abuse and neglect, adoption, foster care, and the juvenile justice system. At the same time, we have been working with legislators to analyze and draft policies aimed at ensuring the best possible life for the children in New Jersey.

I am very pleased to be able to submit this testimony to the Committee today. ACNJ was one of the endorsing organizations which strongly supported the establishment of this Committee and applaud your initiative taken on behalf of the country's children and families.

At this moment I have two major issues to put forward for your consideration. These issues rise out of a statewide Child Watch survey which we recently completed which looked at services for children and families, and the impact of recent federal and state budget cuts on those services.

With the assistance of over 225 volunteers in eight New Jersey counties, we canvassed a wide variety of public and private providers and parents in seven service areas ranging from AFDC to health to juvenile justice. Over 950 interviews were completed. Though we found it was impossible to isolate the effects of budget cuts from the impact of the economic recession, it was apparent from the beginning of the survey that thousands upon thousands of New Jersey children and their families are struggling to survive.

Two of the most pressing concerns facing children from the ever growing number of poor families in our state are:

1. The 1981 OBRA regulation changes in AFDC eligibility had multiple negative impacts on children and families, particularly the working poor. In New Jersey 25,942 people from poor working families, approximately 19,550 of them children, lost AFDC benefits as of October 1, 1981 because of the 150% standard of need eligibility level. Though the state AFDC caseload has been slowly moving up to pre-OBRA level, the character of the rolls have changed. There

Formerly CHILD SERVICE ASSOCIATION and CITIZENS COMMITTEE FOR CHILDREN OF NEW JERSEY

are much fewer working parents receiving partial AFDC benefits.

Every county surveyed reported, at this time, a tremendous increase in the demand for emergency food and other supplies. Many soup kitchen and food pantry workers observed that there were many more working poor families now approaching them for help. Reported cases of child neglect, where a parent could no longer provide basic needs for a child, increased in many areas of the state.

For working poor families of New Jersey, loss of their minimal AFDC grants was a particular hardship since they lost all Medicaid benefits as well. Large numbers of New Jersey children are not receiving necessary medical and dental care because there is no provision in the state for medically indigent families who no longer qualify for AFDC.

In addition, welfare workers from the eight counties surveyed reported that changes in the AFDC benefit formula which restricted income "disregards" created an absolute disincentive to work, rather than encouraging increased self sufficiency.

2. The current level of income assistance granted to the poorest families through the AFDC program is totally inadequate. Even with the maximum AFDC grant and food stamps, most families are unable to meet the basic needs of their children.

These are only two of the most urgent situations currently impacting on New Jersey children and families. They point out clearly, however, a need for us, as a country and a state, to reassess our priorities and recommit ourselves to the well-being of these children who are our future.

The complete Child Watch report is to be printed shortly. We will forward it to the Committee as soon as it is released. I hope that it will be of some help to you in your continuing work on behalf of the nation's children.

AUG 8 1983

COMMUNITY SERVICE SOCIETY

GEORGIA L. McMURRAY
Deputy General Director

August 2, 1983

Honorable George Miller
Chairman
U.S. House of Representatives
Select Committee on Children, Youth
and Families
Room H2-385 House Office Bldg. Annex 2
Washington, D.C. 20515

Dear Congressman Miller:

Thank you very much for giving me the opportunity to testify before your Committee last week. From the many comments I have received, I truly believe that the time you and your colleagues spent in New York City was most worthwhile.

During the hearing, several questions were raised regarding the applicable state regulations which permit the use of hotels for homeless families at a cost beyond the regular shelter allowance.

According to the New York State Code of Rules and Regulations which govern the payment of apartment rent and hotels in the public assistance program, the maximum allowable rental allowance for an apartment with heat is $218.00 per month for a family in New York City. If no "suitable housing" is available, the maximum allowance for hotel payment would be approximately $1,000 per month for the same size family ($12 for the first person and $7 each for each of the three additional persons comes to $33 per day times 30-31 days per month), for a period not to exceed six months. I have attached copies of the regulations for your information. If you need any additional information on this, please let me know.

We are also getting some information regarding the numbers of children eligible but not recipients of certain entitlements. This will be forwarded to the Committee within the next week or so.

Sincerely,

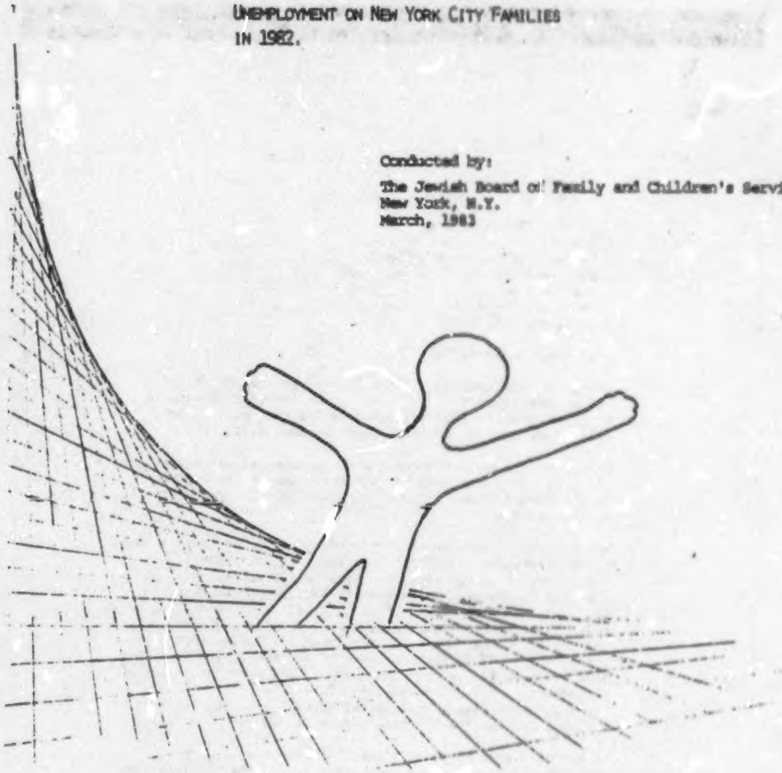
Georgia L. McMurray

JACK JOHN OLIVERO Chairperson JAMES R. DUMPSON President ANTHONY MANGIARACINA Vice Chairperson
JEAN T. D. BANDLER D.S.W. Vice President W. JAMES TOZER JR. Treasurer ELINOR C. GUGGENHEIMER Secretary BERTRAM M. BECK General Director

FALLING THROUGH THE SAFETY NET: A STUDY OF THE IMPACT OF HUMAN SERVICE CUTS AND UNEMPLOYMENT ON NEW YORK CITY FAMILIES IN 1982.

Conducted by:

The Jewish Board of Family and Children's Service
New York, N.Y.
March, 1983



EXECUTIVE SUMMARY

The Jewish Board of Family and Children's Services, one of the largest voluntary non-profit agencies in the country, recently conducted a survey to ascertain the impact that cuts in the funding of public benefit programs and unemployment are having on New York City families.

The study was designed to answer the folowing questions:

- How many households received some form of public benefit assistance in 1982?
- How many households receiving assistance lost benefits or had them significantly reduced?
- What communities in New York City were hardest hit by unemployment and loss of public benefits?
- Which public benefit program was most often reduced?

In order to answer these questions, the Jewish Board conducted a one week survey of all clients seen in its network of 12 mental health clinics located throughout the five boroughs of New York City. A total of 1645 households were surveyed.

The significant findings included:

- One-third of all households receiving public benefits lost all or part of those benefits
- Twelve percent of all households experienced job loss or reduction in work hours

- Nineteen point six percent of all Black, 21.7% of all Hispanic, and 8.0% of all White clients were adversely affected by cuts in benefits
- Households surveyed in New York City's working class and middle class neighborhoods are being severely affected by cuts in benefits
- Food stamps were the public benefit most often eliminated.

These findings demonstrate that while minority groups - Blacks and Hispanics - continue to represent the segment of our society hardest hit by cuts in human service programs, middle to lower middle class families, who up till now have been able to sustain themselves financially, are beginning to fall through the safety net, creating a new group of poor in our communities.

THE SURVEY: BACKGROUND

One of the most frequently cited social policies of the 1980's has become the "safety net" concept, the idea that government will provide the services and programs needed to sustain those who really need help. In other words, if the safety net is indeed intact, no individual or family will lose benefits or entitlements that are necessary for survival.

As the largest voluntary agency of its kind in the country, the Jewish Board of Family and Children's Services is in a unique position to observe the day-to-day effectiveness -- or ineffectiveness -- of the safety net of the '80's. Employing more than 500 social service professionals who each year serve more than 40,000 clients in a wide variety of programs, JBFCS can provide a microcosm of what is happening both in other agencies throughout the city and to New Yorkers as a whole.

As human service budget reductions have gone into effect, JBFCS staff members have reported increasing evidence of frustration, worry, family disintegration and individual breakdown among their caseloads as the impact of public benefit losses and unemployment began to be felt.

Certain questions began to emerge, based on hundreds of experiences told to caseworkers throughout New York:

- Are people indeed falling through the safety net?
- What effects have unemployment and job reduction had on individuals and families?
- Are some parts of the city harder hit that others?

In order to answer these and other questions and to provide for the first time an accurate, statistical look at the impact of human service budget cuts on the people of New York, the Jewish Board undertook to survey the typical client caseload of the agency's network of twelve community-based mental health clinics. Located in the Bronx, Brooklyn, Manhattan and Staten Island, the clinics, known as the Madeleine Borg Counseling Services, serve a large, heterogeneous number of families from neighborhoods across the city. These families seek help from the agency for a wide variety of problems, most frequently for marital, parent-child or personal adjustment issues which impact on the quality of family life.

Who Was Surveyed

The direct-service providing staff of the JBFCS Clinics, primarily caseworkers, were asked to complete a survey of the households in their active caseload for the week of December 6, 1982. The surveys were all distributed and collected from the staff during the week beginning December 13, 1982. A total of 159 surveys were returned representing information about 1645 households. Of this number 79.2% were White, 12.1% Black, and 8.4% Hispanic.

Approximately 64% of the total caseload surveyed in this study received no public benefits in 1982. The remainder received some type of public benefit or entitlement as a family support.

What the Survey Examined

The survey was designed to statistically examine several basic trends in 1982:

- How many households received benefits from one or more public entitlement programs
- What percentage had been deprived of public entitlement programs
- Which sections of the city were hit hardest by public benefit cuts and/or job loss
- Which public benefit programs sustained the deepest cuts.

The public benefits programs covered by the survey were:

AFDC and Home Relief
SSI or SSD
Medicaid
Food Stamps
Public Day Care
Subsidized School Lunch

What the Survey Found

In summary, the JBFCS survey demonstrates that the impact of cuts in human services and the shrinking job market have indeed been significant.

> Perhaps the single most devastating statistic documented was that almost one-third of those receiving some form of public benefits had recently lost those benefits. And more than 12% of households surveyed had experienced job loss and/or reduction of work hours in the past year -- more than one-third higher than the city average.

The safety net is being strained even in the city's most disadvantaged low-income areas - one-third of households surveyed in these areas lost some or all aid. Furthermore, public benefit losses seem to be beginning to have what could become a devastating effect on the marginal family, the new poor - middle to lower-middle class families who were managing to survive with a little assistance, but who are now falling behind more each day. Their margin of safety appears to have been lost to them.

We do not know the long-range toll on families of cuts and unemployment. However, the anecdotal evidence, supported by the statistical data reported by the JBFCS staff, indicate that frustration and despair confront many, many of these families, just at the time that the resources to serve them are shrinking drastically.

The following tables detail the specific information determined by the survey team.

Summary of Total JBFCS Caseload, Including Households Receiving Public Benefits* and Those With a Reduction in Public Benefits*

	Total	White	Black	Hispanic	Ethnicity Unknown
Caseload: Total Number of Households					
Frequency	1645	1302	199	138	6
Percentage		79.2	12.1	8.4	0.4
Households Receiving Public Benefits					
Frequency	541	337	119	85	0
Percentage Receiving Public Benefits (Total for Group)	32.9	25.9	59.8	61.6	
Households With Reductions in Public Benefits					
Frequency	175	104	39	30	2
Percentage Cuts in Public Benefits (Total for Group on Public Benefits	32.3	30.9	30.3	35.3	
Percentage Cuts in Public Benefits (Total for Group)	10.6	8.0	19.6	21.7	

*Public benefits include AFDC; Home Relief, SSI; SSD; Medicaid; Food Stamps; Public Day Care; and subsidized school lunch programs

The Findings (Table I)

- One-third of all the surveyed households receiving public benefits lost all or part of those benefits in 1982. The rate of reduction for families receiving public benefits does not differ significantly across ethnic groups.
- Minority groups - Blacks and Hispanics - who typically fare the least well in our society - continue to represent the segment of our caseload hit hardest by the the human service cuts. Nineteen point six percent of all Black and 21.7% of all Hispanic clients were adversely affected by these cuts in 1982, as contrasted to 8.0% of all White households surveyed. Simply put, the poor simply get poorer.

Table I provides a summary of the caseload reported and those households receiving public benefits. The staff was to consider the number of households in their caseload if they were treating the head of the household. This method avoided duplication in the counting of cases.

A total of 541 households received some form of public benefits. This represents approximately one-third of the total caseload for the week beginning December 6, 1982. When this figure is examined according to ethnic groups, we find 25.9% of White households in the caseload were receiving some form of public benefits, 59.8% of the Black and 61.6% of the Hispanics.

Of the households receiving public benefits, the survey revealed 175 cases where there had been a loss or reduction in one or more of the public benefit programs. This number represents 32.3% or nearly one-third of those receiving public benefits, and 10.6% of the total reported caseload in JBFCS during that week.

The rate of reduction for families receiving public benefits does not differ significantly across ethnic groups. However, in relation to the proportion of each ethnic group in the total caseload, 8.0% of all White, 19.6% of Black and 21.7% of all Hispanic clients were adversely affected by the reductions in human service programs.

Those segments of the New York population who typically fare the least well comprise the segment of our caseload hardest hit by the changes in human service programs.

TABLE 2

RANK ORDER by JBFCS OFFICE:
The Neighborhood Impact

Households Receiving Public Benefits			Households with Loss of Public Benefits		
JBFCS Office		Percentage	JBFCS Office		Percentage
1.	Coney Island	55.6	1.	Co-op City	44.0
2.	Bronx (Pelham)	54.7	2.	J. W. Beatman	43.8
3.	Boro Park	39.6	3.	Manhattan/West	39.2
4.	North Brooklyn	34.1	4.	Mid-Brooklyn	37.8
5.	Canarsie	32.9	5.	Bronx Pelham	34.4
6.	Co-op City	29.1	6.	Coney Island	33.8
7.	J. W. Beatman	26.4	7.	North Brooklyn	33.3
8.	Manhattan/West	25.4	8.	Staten Island	29.4
9.	Mid-Brooklyn	23.1	9.	Boro Park	28.6
10.	Manhattan/East	22.2	10.	Canarsie	18.4
11.	Staten Island	18.0	11.	Manhattan/East	16.7
12.	Thomas Askin Youth Project/ Russian Adolescent Project	17.7	12.	Thomas Askin Youth Project/ Russian Adolescent Project	14.3

The Findings (Table 2)

- New York's "marginal families" in working class and middle-class neighborhoods like Co-op City, Riverdale and the West Side of Manhattan -- those barely making it with the help of public benefits -- are being most quickly hit by cuts.

- Even in New York's most disadvantaged, low income areas, such as Coney Island and Bronx Pelham, one-third of the households surveyed lost some or all aid.

The distibution of offices demonstrates graphically what is meant by the term "safety net." Those offices (Coney Island and Bronx Pelham) with high proportions of households receiving public benefits serve sections of New York which are among the poorest and most blighted. However, those three offices (Co-op City, Beatman and Manhattan/West) which lead the list of cases with reductions in public benefits represent the mid-range of offices with households receiving benefits.

Apparently, households in those three offices - located in working class and/or middle class neighborhoods - were just eligible for public benefits and were the first households to be cut. These appear to be families just marginally making it with the help of public supports. They then become the families most quickly hit by the reductions in human services. They are families truly on the edge, buffeted by shifting governmental policies and eligibility standards.

For those offices serving the most disadvantaged areas in New York City, one-third of the households receiving help lost some or all of it.

TABLE 3

ORDER IN WHICH PUBLIC BENEFIT PROGRAMS WERE REDUCED OR ELIMINATED

	PROGRAM	PERCENTAGE REDUCTION OR CUT
1.	Food Stamps	20.0%
2.	Medicaid	8.9%
3.	AFDC/Home Relief	7.6%
4.	SSI/SSD	5.9%
5.	School Lunch and Day Care	4.8%

The Finding (Table 3)

- One in five families receiving public benefits had their food stamps cut or eliminated.

Table 3 is a rank order of the specific public benefit programs covered in this survey. JBFCS staff was asked to count the number of households who had some reduction in each of the benefit or entitlement programs listed above.

Though one household may be cut in more than one program, the loss of food stamps nevertheless was overwhelmingly more frequent than all other service cuts. Households who are only marginally able to sustain themselves are losing the means by which they are able to supplement the family budget. The new poor are falling through the safety net.

TABLE 4

Number and Percentage of Households in Which at Least One Member Has Lost a Job or Had Working Hours Reduced

	Total	White	Black	Hispanic	Ethnicity Unknown
Job Loss					
Frequency	142	104	23	13	2
Percentage of Total Group	8.6	8.0	11.5	9.4	
Hours Reduced					
Frequency	57	38	10	9	0
Percentage of Total Group	3.5	2.9	5.0	6.5	
Combined Job Loss or Hours Reduced					
Frequency	199	142	33	22	2
Percentage of Total Group	12.1	10.9	16.6	15.9	

The Findings (Table 4)

- In the last year, 12% of the households surveyed had a member lose a job or suffer significant work hour reduction.
- Job loss or reduction has significantly affected all ethnic groups in our caseload, with the greatest impact on minority populations: it ranges from 11% for the White population surveyed to 15.9% for the Hispanic to 16.6% for the Black.

The impact of unemployment has been significant on the JBFCS caseload. Table 4 summarizes the figures for households surveyed where at least one member has either lost a job or had working hours reduced through no choice of his own during the 12 months prior to December 6, 1982. These figures reveal that 8.6% of the households in the total caseload had some person 18 years or older lose a job during the past 12 months. The distribution is surprisingly uniform across ethnic groups with the Black caseload being slightly higher. When the figures for the unemployment and work-hour reductions are aggregated, we find the alarmingly high figure of 12.1%. The cumulative effect of under and unemployment on families is creating additional stress and economic hardship. These families now require access to public benefits and human services, both of which are simultaneously eroding.

TABLE 5

RANK ORDER OF JBFCS OFFICES BY PERCENT OF OFFICE CASELOAD LOSING A JOB DURING THE PAST TWELVE (12) MONTHS

	JBFCS Office	Percentage
1.	Boro Park	15.1%
2.	Coney Island	13.5%
3.	Manhattan/West	12.6%
4.	J. W. Beatman	10.7%
5.	Manhattan/East	8.6%
6.	Co-op City	8.1%
7.	Bronx (Pelham)	7.7%
8.	Canarsie	6.7%
9.	North Brooklyn	6.6%
10.	Thomas Askin Youth Project/Russian Adolescent Project (Brooklyn)	6.3%
11.	Mid-Brooklyn	5.0%
12.	Staten Island	2.1%

The Finding (Table 5)

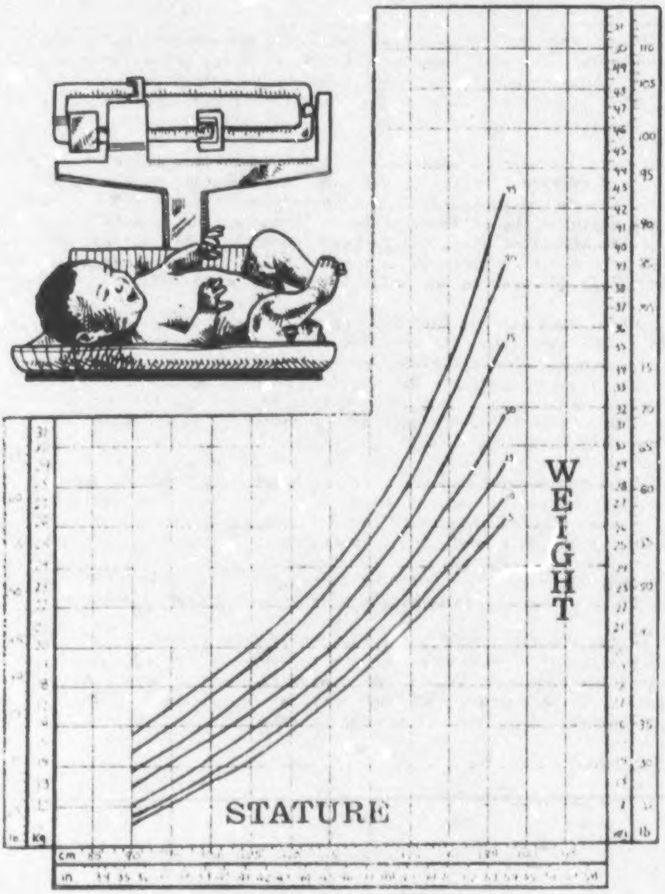
- Even in areas of chronic unemployment such as Coney Island, job loss was significant -- approximately 40% over the New York City unemployment rate.

In order to obtain some idea of how unemployment among the JBFCS caseload distributes itself by neighborhood, the offices were ranked (highest to lowest) according to the proportion of the office caseload who had lost a job during the past 12 months (Table 5)

We find three offices well above the national and regional unemployment figures. The office with the highest rate of unemployment is the Boro Park office serving the Orthodox Jewish community. The range of unemployment figures is also very great (15.1% in Boro Park to 2.1% in Staten Island). Staten Island and Mid-Brooklyn appear to serve neighborhoods of securely employed households. However, even in an office such as Coney Island, where the high proportion of households on public assistance is probably indicative of chronic unemployment (thereby not reflected in this survey's unemployment figures), 13.5% of the households had someone lose a job during the past 12 months.

In other words, where things were bad, they got worse.

1983 MASSACHUSETTS NUTRITION SURVEY


WEIGHT
STATURE
cm
in
kg
lb

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

ABSTRACT

The 1983 Massachusetts Nutrition Survey (MNS) is a cross-sectional study designed to estimate the prevalence of nutritional deficiencies among a sample of 1429 low-income children (ages 6 months through 5 years 11 months) who live in the Commonwealth and utilize community pediatric health-care facilities.

The 1983 MNS is a point-prevalence study. As such, it is capable of describing the nutritional status of the sampled population at a single point in time but cannot monitor trends in nutritional status. The survey design cannot evaluate the efficacy of publicly-funded supplemental programs nor the effect of the loss of these benefits. This survey was initiated in response to reports of increasing malnutrition in the Commonwealth which appeared in the media in the Spring of 1982.

The population sampled for the 1983 MNS was not representative of all children in the Commonwealth. Rather, the survey targeted those individuals who, because of their socio-economic status, are most likely to develop nutritional deficiencies. Children (ages 6 months through 5 years 11 months) were selected because their rapid growth rates make them particularly vulnerable to nutritional insult caused by insufficient or inappropriate food intake.

The MNS utilized prospective measures of height and weight but relied on the retrospective collection of hematological (blood) data from medical records. The measurements used in this survey are reliable indicators of growth and anemia and were employed to assess overall nutritional status.

Socio-demographic information, including participation in publicly-funded supplemental food and income programs, was collected through interviews.

Proper and adequate nutrition during childhood is important for normal growth and development. This survey documents the existence of malnutrition within the surveyed population. This appears to be a chronic problem in which long-term, moderate caloric and nutrient deficiency is more prevalent than short-term but severe caloric inadequacy.

MAJOR FINDINGS

CHRONIC MALNUTRITION IS A SIGNIFICANT PUBLIC HEALTH PROBLEM IN LOW-INCOME, PRESCHOOL CHILDREN IN MASSACHUSETTS.

In the population sampled, 9.8% were identified as having low height-for-age levels, a measure of chronic undernutrition. This result is significantly higher than U. S. standards. It is estimated that there may be between 10,000 and 17,500 chronically undernourished low-income preschool children in the Commonwealth of Massachusetts. The implications of this level of undernutrition include retarded growth, impaired learning ability, and increased health problems.

ANEMIA AND OBESITY WERE IDENTIFIED AS NUTRITIONAL PROBLEMS AMONG THIS GROUP OF MASSACHUSETTS CHILDREN. HOWEVER, ACUTE UNDERNUTRITION DOES NOT APPEAR TO BE A WIDESPREAD PROBLEM.

Anemia is a clinical condition which in children generally results from iron deficiency. Of those children who had hematocrits within six months prior to the survey, 12.2% were anemic. The prevalence of childhood obesity, a major predictor of adult obesity and its related diseases, was 8.1% in the sampled population. This is significantly higher than the national standards for this indicator of poor nutrition.

The prevalence of low weight-for-height levels (i.e., severe, short-term undernutrition) identified by the 1983 MNS is 3.0%. This suggests that, at least for this health-care user sample, the problem is not a major public health concern. Not including obesity, the percentage of survey children who had at least one indicator of malnutrition was 18.1%.

THREE GROUPS WERE IDENTIFIED BY THE 1983 MNS AS BEING AT PARTICULARLY HIGH RISK FOR MALNUTRITION: 1) ALL CHILDREN BELOW THE POVERTY LEVEL, 2) POOR WHITE CHILDREN, AND 3) SOUTHEAST ASIAN CHILDREN.

For all racial groups, children living below poverty were more likely to be chronically undernourished than higher income groups; however, in the White children studied, this relationship within the low-income group was statistically significant. It may be that poor White families may have special characteristics that increase the likelihood of chronic undernutrition in their young children. Further analysis of these data is needed to explain this finding. The Southeast Asian children sampled had levels of low height-for-age and weight-for-height which were significantly higher than the other racial groups. This survey was not designed to establish the causal links between nutritional status and sociodemographic variables such as income and race.

CHILDREN WHOSE SOURCE OF PAYMENT FOR THEIR HEALTH-CARE VISIT WAS MEDICAID HAD A HIGHER PREVALENCE OF LOW HEIGHT-FOR-AGE LEVELS THAN CHILDREN WHOSE MEDICAL VISIT WAS COVERED BY ANOTHER SOURCE.

12% of children currently receiving Medicaid benefits had low height-for-age levels. This suggests that Medicaid, while providing low-income children with access to health care, does not appear to guarantee adequate nutritional status. The importance of this finding is that the children on Medicaid are an identifiable target group for nutritional assessment and intervention.

THE WIC PROGRAM ACHIEVED A HIGH SATURATION LEVEL IN THIS HEALTH CENTER USER POPULATION. HOWEVER, A POPULATION WAS IDENTIFIED WHO WERE INCOME ELIGIBLE AND NUTRITIONALLY ELIGIBLE BUT WHO WERE NOT RECEIVING BENEFITS AT THE TIME OF THE SURVEY.

While numerous other studies have established the efficacy of the WIC Program, this survey was not designed to do so. However, it can be used to describe the sample population's characteristics with regard to this Program.

Of those children in the survey population who were income eligible, 45.8% were participating in the WIC program as of June, 1983. However, the survey also identified a population that was income eligible and had documented nutritional deficits who were not receiving WIC benefits.

RECOMMENDATIONS

INSTITUTE IMMEDIATE ACTION TO IDENTIFY, DIAGNOSE, AND REFER ALL MALNOURISHED CHILDREN IN THE COMMONWEALTH.

The 1983 MNS has estimated that there are between 10,000 and 17,500 chronically undernourished children in the Commonwealth. To adequately respond to this problem, the following steps are necessary.

1. SET EXPLICIT STATE GOALS FOR THE ELIMINATION OF MALNUTRITION.

   A long-range state plan to eliminate malnutrition must be developed which provides explicit goals and timetables. The Department of Public Health should be the state agency responsible for coordinating this effort.

2. OUTREACH TO THE IDENTIFIED HIGH-RISK GROUPS THROUGH EXISTING INSTITUTIONS.

   Efforts must be made to establish mechanisms for outreach to high-risk populations. Community Health Centers and other pediatric providers could be the vehicles for outreach and identification programs. Project Good Health (Massachusetts' EPSDT program) could set adequate nutritional status as a priority for the 225,000 Medicaid-recipient children. These children are already known to the state and should comprise a large and important target group for the early identification of nutritional risk and for prevention of poor nutritional outcomes. Other state agencies which have direct contact with high risk groups should be encouraged to participate in this effort. The mass media could provide a broad exposure of the outreach effort to target groups.

3. ALERT AND EDUCATE HEALTH CARE PROVIDERS TO THE PROBLEM OF MALNUTRITION.

   Educational efforts to alert health care providers of all types and in all settings, public and private, to the magnitude and characteristics of this problem must be undertaken. The link between nutritional status and adequate medical care must be reinforced. Better clinical assessment of the problem through accurate weighing, measuring, charting of heights and weights on growth curves, and assessment of anemia are essential. Thorough knowledge of available nutrition services and close collaboration between nutritionists and physicians is essential. The Department of Public Health must promote these educational activities.

4. MAXIMIZE PARTICIPATION OF ELIGIBLE CHILDREN IN EXISTING GOVERNMENTAL HEALTH, NUTRITION, AND INCOME MAINTENANCE PROGRAMS.

The United States is currently involved in a major national debate over the existence of hunger and appropriate approaches to resultant malnutrition. Regardless of the outcome of this controversy, there currently exist, under law, governmental programs with the mandate to provide supplemental benefits in an attempt to address the specific problems associated with poverty. The 1983 MNS identified groups of children eligible for programs like foodstamps, WIC, and AFDC who were not receiving program benefits at the time of the survey. The reasons for this non-participation are not clear, but maximizing participation would increase available income for these families. Maximizing participation could be aided by establishing referral networks.

THE FEDERAL GOVERNMENT MUST EXPAND ITS RESPONSIBILITY FOR WIC FUNDING AT A LEVEL WHICH ALLOWS FOR THE EXPANSION OF CASE LOAD TO INCLUDE ALL ELIGIBLE CHILDREN.

THE MASSACHUSETTS WIC PROGRAM MUST DEVELOP AN OUTREACH PROGRAM TO ASSURE THE IDENTIFICATION AND REFERRAL OF ELIGIBLE CHILDREN.

Federal funding levels need to be established which will allow for an increase in case load to serve children at all priority levels. With the availability of funding, a major outreach program will be necessary to assure that children who are financially eligible and have documented nutritional needs receive WIC services. If WIC is to act as an effective component of a preventive approach to malnutrition, it must be able to enroll all children, including those with inadequate intake. The Department of Public Health should undertake a major outreach effort to WIC eligible children.

ONGOING MONITORING OF THE NUTRITIONAL STATUS OF MASSACHUSETTS' CHILDREN THROUGH A NUTRITION SURVEILLANCE PROGRAM.

Between the 1968 National Nutrition Survey (Ten State) and this 1983 Massachusetts Nutrition Survey, there has been no systematic monitoring of the nutritional status of children in the Commonwealth. This was due, in part, to the general feeling that the problem was well identified and that appropriate intervention programs were in place and effective. The renewed awareness of hunger and documentation of malnutrition, however, indicate that ongoing monitoring is a must. Prevention of chronic undernutrition requires the systematic early identification which nutritional surveillance provides. The Department of Public Health is the appropriate agency to undertake this responsibility.

FURTHER ANALYSIS OF ALL AVAILABLE DATA FROM THIS 1983 MASSACHUSETTS NUTRITION SURVEY SHOULD BE COMPLETED.

Even within the restrictions of the cross-sectional design, further analysis of the relationship between nutritional status and socio-demographic variables should be completed. Comparisons with other nutrition surveys should also be undertaken. These further analyses will help establish the precise characteristics of groups at risk of malnutrition and, thereby, strengthen outreach and policy directions. The Department of Public Health will seek a group of collaborating academic social scientists and nutrition policy experts to assist in this further work.

NEGRONI, Peter

NY 7/25/83 hearing

September 7, 1983

Peter Negroni, Ph.D.
Community Superintendent
District 12
1000 Jennings Street
Bronx, New York 10460

Dear Dr. Negroni:

This is to express my appreciation for your appearance before the Select Committee on Children, Youth, and Families at its regional hearing in New York City on July 25, 1983. Your participation contributed to making the hearing a success.

The Committee is now in the process of editing the transcript of the hearing for publication. It would be helpful if you would go over the enclosed copy of your testimony to assure that it is accurate, and return it to us with any necessary corrections.

In addition, Congressman Dan Marriott, Ranking Minority Member of the Committee, has asked that the following question be answered for the record:

> In your testimony you show how your school has increased in the standards of achievement which, ". . . are pegged to city-wide testing in reading and mathematics."
>
> Can you compare for us the achievement of New York City children in reading and mathematics when compared to national averages?

Once again, the other members of the Committee and I appreciate your taking the time to give us the benefit of your experience.

Sincerely,

GEORGE MILLER
Chairman
Select Committee on Children,
Youth, and Families

GM/j

Enclosure

[Response from Peter Negroni:]

A standardized test such as the California Achievement test is validated in such a way that if one gave the test to 100 children at least 50 should score on or above grade level and the other 50 below grade level. Thus a review of the reading scores for the entire city would show that over 50% of the children are on grade level. This would appear to be excellent on the service, however, when one disaggregates the scores we find that some of the districts in New York City have over 70% of the youngsters on level while other districts have 30% on level. If one were to study the scores more closely one will find disproportion of the majority children (Black & Hispanic youngsters) scoring lower then the minority (White youngsters).

In the last five years New York City has shown consistent gains in Mathematics and Reading, however, this is the entire system. The gains are more significant than some of the large Urban Centers and lower than others. The size and variety of students makes comparison to other systems somewhat difficult. It would be important to note that systems such as Washington D.C. Cleveland, Boston and Baltimore as well as others are showing gains in reading. Each of these systems uses different devices to measure growth which would indeed affect results. The interesting thing about New York is that there appears to be a new interest, a renaissance so to speak, on the part of staff to do a better job. This seems to permeate most of the system.

In conclusion, I would expect to see a continued growth in the Urban Centers. In most systems it will not vary greatly although there are particular systems that are in a very serious situation and are going down instead of up. New York City is truly doing well when one considers all I have said in my testimony.